



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

### Usage guidelines

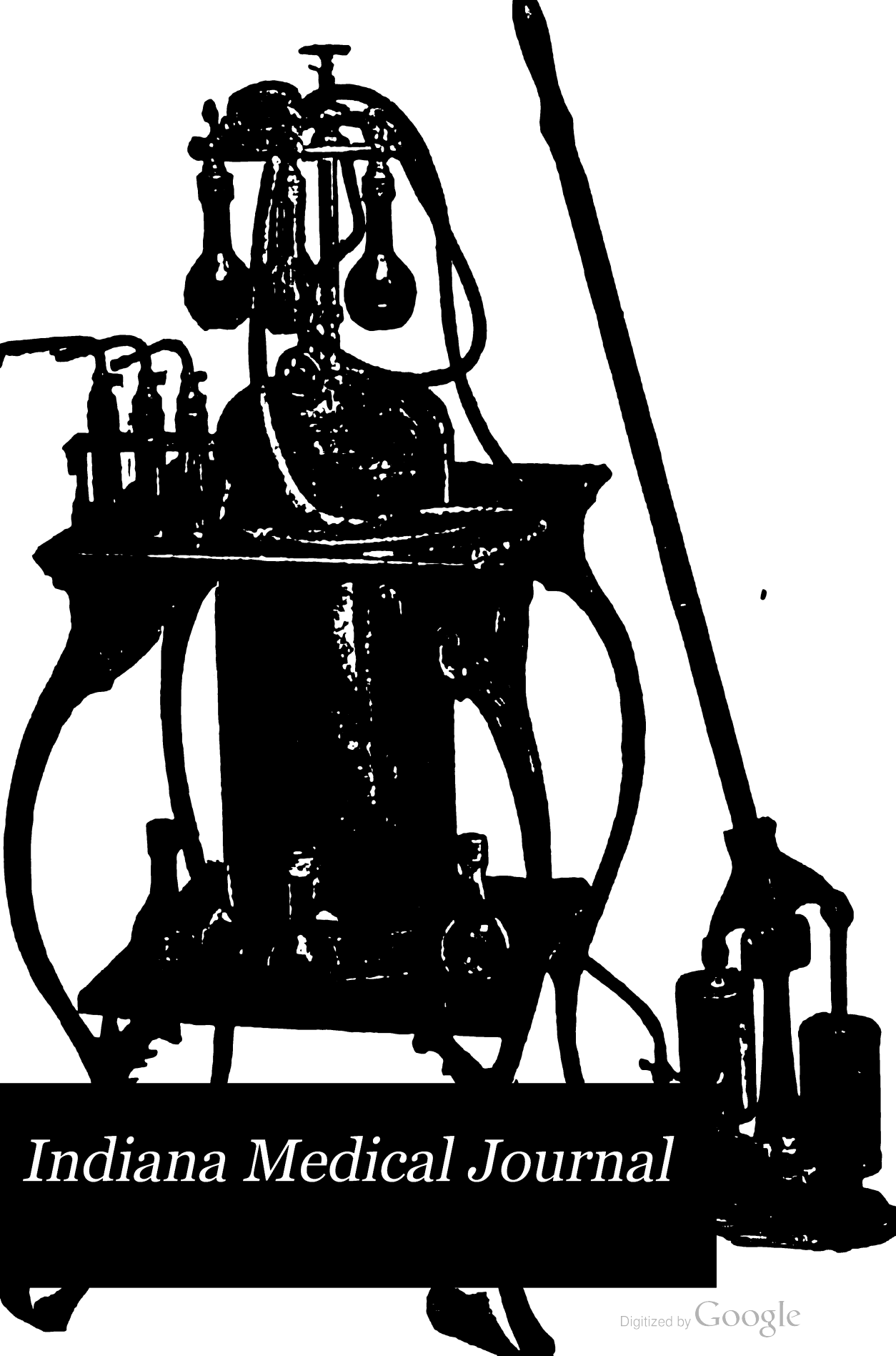
Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

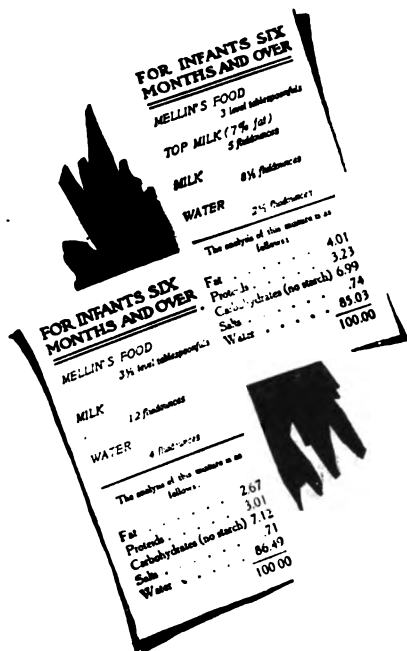
- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

### About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>



*Indiana Medical Journal*



With Mellin's Food you can prescribe a formula for the baby containing just the proportion of Fats, Proteids and Carbohydrates (no starch) that you decide are needed for any individual case.

Literature and Samples upon request.

Mellin's Food Company,  
Boston, Mass.

## "SAND-PAPERING OF THE URETHRA,"

SAYS DR. GEORGE H. BALLERAY, OF PATERSON, N. J.,

"IS OFTEN PRODUCTIVE OF HARM,"

as witness:

“If the patient cannot urinate voluntarily, the bladder should be emptied . . . with a *thoroughly aseptic* soft catheter, *properly* lubricated . . . The *absurd* practice of using a *dry* catheter should be condemned—*such sandpapering of the urethra is often productive of harm.*”

GEORGE H. BALLERAY, M. D., Paterson, N. J., in a paper on “The Etiology, Pathology and Treatment of Fibroid Tumors of the Uterus,” read at the 140th annual meeting of the Medical Society of New Jersey.—*Journal of the Medical Society of N. J., Nov., 1906.*

## "SUCH SANDPAPERING OF THE URETHRA"

may be entirely obviated by the use of **K-Y LUBRICATING JELLY** the perfect catheter lubricant. It smoothes the instrument and soothes the urethra, thereby assuring *complete catheter comfort* to the prostatic invalid.

**Antiseptic—Non-fatty—Water-soluble**  
and, in its antiseptic property, *more than sterile—in and out of use.*

VAN HORN & SAWTELL

In collapsible tubes.  
Sample upon request.

NEW YORK, U.S.A. 307 Madison Ave. BORN



# LISTERINE

**The original antiseptic compound**

*(Awarded Gold Medal (Highest Award) Lewis & Clark Centennial Exposition, Portland, 1905; Awarded Gold Medal (Highest Award) Louisiana Purchase Exposition, St. Louis, 1904; Awarded Bronze Medal (Highest Award) Exposition Universelle de 1900, Paris.)*

The manufacturers of Listerine are proud of Listerine—because, it has proved one of the most successful formulae of modern medicine.

This measure of success has been largely due to the happy thought of securing a two-fold antiseptic effect in one preparation, i. e., the antiseptic effect of the ozoniferous oils and ethers, and that of the mild non-irritating boric acid radical of Listerine.

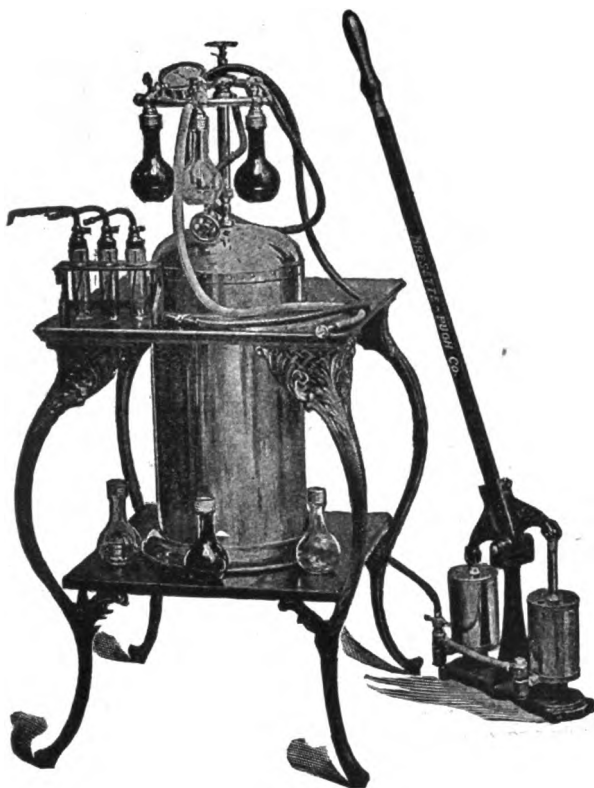
Pharmaceutical elegance, strict uniformity in constituents and methods of manufacture, together with a certain superiority in production of the most important volatile components, enable Listerine to easily excel all that legion of preparations said to be “something like Listerine.”

**The success of Listerine is based upon merit**

**The best advertisement of Listerine is—Listerine**

## **Lambert Pharmaceutical Company**

**St. Louis, U. S. A.**



## New Nebulizer

We herewith depict a compressed air outfit in connection with Nebulizer and stand at a price within the reach of all the medical profession. This outfit consists of a nickel plated tank 9½x24 inches, guaranteed to stand pressure of 100 pounds, with a three bottle Nebulizer and three extra bottles, together with double-action lever-pump, set of three platinum lined hard rubber spray tubes, put-off, necessary tubing, etc., mounted on fine stand with metal oxidized legs. This is not only one of the most useful and up-to-date appliances of this nature, but is one of the most handsome outfits now before the medical profession.

## Dugan-Johnson Co.'s

New Sterilizing Outfit consists of a nickel plated three gallon water sterilizer and steel four coated, white enameled dressing sterilizer with inner copper chamber that may be lifted from sterilizer with contents therein. On the lower shelf is placed a steel, four coated instrument sterilizer and all placed on a nickel-plated and white enameled stand, mounted on casters or rubbers. The outfit has either gas, gasoline or coal oil heaters. It is the most practical and up-to-date office and sanitorium outfit now before the medical profession.

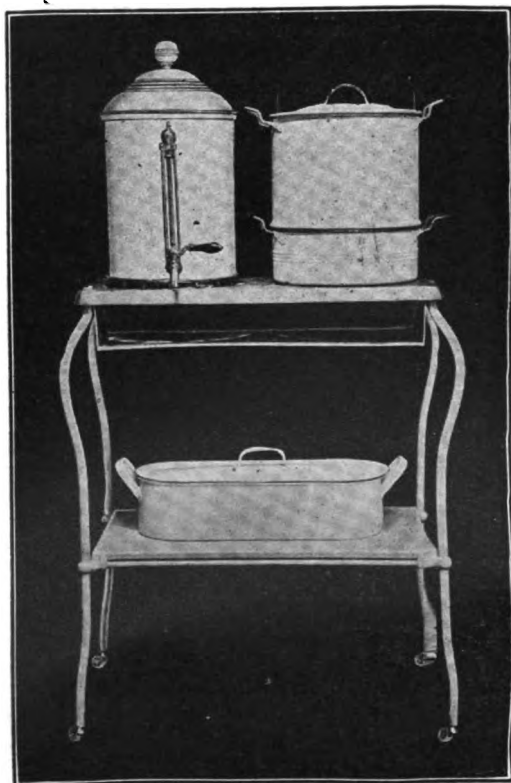
Price as shown in cut..... \$50.00

## Dugan-Johnson Co.

MAKERS OF

High-Grade Surgical Instruments

16-18 W. Market St. Indianapolis, Ind.



## THE GREASE OF A COD FISH'S LIVER

Is of no more value than other grease. The virtue of Cod Liver Oil lies in the fact that it contains curative principles that are not grease, nor greasy. Only these curative principles, taken from fresh Cod Liver Oil, are employed in the preparation of HAGEE'S CORDIAL of the EXTRACT OF COD LIVER OIL COMPOUND. Where tonic, alterative and reconstructive treatment is indicated, prescribe



AND YOUR PATIENTS WILL TAKE IT.

Each fluid ounce of Hagee's Cordial of the Extract of Cod Liver Oil Compound represents the extract obtainable from one-third fluid ounce of Cod Liver Oil (the fatty portion being eliminated) 6 grains Calcium Hypophosphite, 3 grains Sodium Hypophosphite, with Glycerin and Aromatics

Supplied in 16-oz.  
Bottles Only

**Katharmon Chemical Co.**  
ST. LOUIS, MO.

DISPENSED BY ALL  
DRUGGISTS

## The Rockwood Tuberculosis Sanitarium

An institution for the out-door fresh air hygienic treatment of pulmonary tuberculosis.

Each patient is placed in an individual, substantial well built cottage. There are no wards, dormitories or tents.

All the modern conveniences, perfect plumbing and water conveniences.

**T. Victor Keene, M. D.**  
CONSULTING BACTERIOLOGIST

**T. J. Beasley, M. D.**  
RESIDENT SUPERINTENDENT

Rates on Application. Address All Correspondence to

**THE ROCKWOOD TUBERCULOSIS SANITARIUM**  
**DANVILLE, INDIANA**

# THE SAFEST AND SUREST WAY OF USING MERCURY BICHLORIDE Diamond Antiseptics, Lilly



Tablets diamond shaped and marked "POISON."  
Bottles of peculiar design with toothed corners.

## NO MISTAKES IN THE DARK

Tablets made in two sizes; two colors, White and Blue. Hand molded, loose in texture, very soluble.

The presence of citric acid in the tablets prevents precipitation of insoluble mercury in neutral solutions, in hard water or when in contact with blood, pus, serum, etc. Solutions of Diamond Antiseptics act with certainty on all septic matter.

While soft or distilled warm water is best for solutions, these tablets dissolve quickly in moderately hard water, a great convenience in emergencies.

*Supplied Through the Drug Trade  
Send for Samples and Full Information*

## ELI LILLY & COMPANY

INDIANAPOLIS

NEW YORK

CHICAGO

ST. LOUIS

KANSAS CITY

NEW ORLEANS

# ACNEINE

is a harmless but efficacious treatment for

**Acne, Burns, Sores, Wounds, Ulcers, Eczema, Sycosis, Seborrhoea, Dermatitis, Psoriasis, Pruritis and Syphilitic Eruptions.**

**ACNEINE** is mildly antiseptic and styptic. Non-irritating and non-poisonous. Can be used with impunity.

**ACNEINE** contains none of the derivatives of petroleum and will not make the hair grow. Leaves less scar than any other remedy, hence should be used in all diseases and operations on the face.

**ACNEINE** is an ethical preparation.

Samples and literature with full formula furnished to physicians on application.

**ACNEINE PHARMACAL COMPANY**  
OMAHA, NEB.

# Auto-infection

as a result of  
gastro-intestinal fermentation due to  
torpid liver, digestive derangement and a  
disturbance of the vaso-motor system is often  
the cause of rheumatism and similar complaints.

Tongaline by its marked eliminative action  
on the liver, the bowels, the kidneys  
and the pores will expel the poisonous  
secretions promptly and thoroughly.

In the treatment of malarial conditions the  
use of Tongaline as an adjuvant to Quinine  
will be attended with most beneficial results.

Samples by express prepaid-Mellier Drug Company, St. Louis.

## SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto with Soothing Demulcents  
in a Pleasant Aromatic Vehicle

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN  
PROSTATIC TROUBLES OF OLD MEN-IRRITABLE BLADDER-  
CYSTITIS-URETHRITIS-PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day.

OD CHEM. CO., NEW YORK.

## WHEELER'S TISSUE PHOSPHATES

—DELICIOUS— —SUSTAINING—

THE IDEAL TONIC  
FOR  
FASTIDIOUS  
CONVALESCENTS



AN ARM OF PRECISION

IN ANEMIA,  
NEURASTHENIA,  
GESTATION,  
CONVALESCENCE,  
ETC.


T.B. WHEELER M.D.  
COMPANY  
MONTREAL, CANADA,

SAMPLES & LITERATURE  
ON REQUEST

LABORATORY,  
ROUSES POINT, N.Y.



---




**NEURILLA FOR NERVE DISORDERS NEURILLA**

If Patient suffers from **THE BLUES** (Nerve Exhaustion),  
Nervous Insomnia, Nervous Headache, Irritability or  
General Nervousness, give four times a day one  
teaspoonful **NEURILLA** →

Prepared from *Scutellaria Lateriflora*,  
*Passiflora Incarnata* and Aromatics.

**DAD CHEMICAL COMPANY, NEW YORK AND PARIS.**



---

## CAUTION!

---

Whenever the true merit of a preparation is authoritatively established, imitation is sure to make its pernicious appearance. To counteract the injurious results of another of these fraudulent proceedings—in this instance affecting firm name and reputation—**Sander & Sons** have been compelled to appeal to law, and in the action tried before the Supreme Court of Victoria, the testimony of a sworn witness revealed the fact that this witness suffered intense irritation from the application to an ulcer of the defendant's product, which was palmed off as "just as good as **Sander's Eucalyptol**." **Sander & Sons** had the satisfaction to obtain a verdict with costs against this imitator, who is perpetually restrained from continuing this malpractice.

Dr. Owen, in a report to the medical Society of Victoria, and Dr. I. Benjamin, in the *Lancet*, London, both denounced, as others did before, on the strength of negative results, the application of unspecified eucalyptus products.

This forms convincing proof that only an authoritatively sanctioned article can be relied upon.

### **SANDER & SONS' EUCALYPTOL** (Eucalypti Extract)

1. Has stood the test of Government investigation;
2. It was proved at the Supreme Court of Victoria by experts to be an absolutely pure and scientific standardized preparation.
3. It is honored by Royal Patronage.
4. It always produces definite therapeutic results.

Therefore, to safeguard the physicians' interests and to protect their patents, we earnestly request to specify "**Sander's Eucalyptol**" when prescribing eucalyptus.

The Meyer Bros. Drug Co., St. Louis, Mo., agents, will forward one original package (1 oz.) on receipt of One Dollar.

SANDER & SONS, Bendigo, Australia.

# AMENORRHEA

Whether from shock, exposure or other causes the menstrual flow is scanty or suppressed, the administration of Hayden's Viburnum Compound will invariably effect relief. Its action is to normalize circulation, and in anemic or debilitated subjects, its administration just preceding each monthly epoch will restore the reproductive system to its proper condition.

HAYDEN'S is the standard Viburnum Compound by which all others would measure.

Samples and literature on request.

When you prescribe Hayden's Viburnum Compound, see that the genuine and not a substitute is taken, if you want definite results.

**New York Pharmaceutical Co., Bedford Springs, Bedford, Mass.**

## PRUNOIDS

AN IDEAL PURGATIVE  
MINUS  
CATHARTIC INIQUITIES

A scientific and delightful remedy for permanent removal of constipation.

PRUNOIDS ARE MADE OF PHENOLPHTHALEIN (ONE AND ONE-HALF GRAINS IN EACH), CASCARA SAGRADA, DE-EMETINIZED IPECAC AND PRUNES.

DOSE—ONE TO THREE PRUNOIDS  
SOLD IN SEALED BOXES (36 PRUNOIDS) 30 CENTS  
WHOLESALE AND RETAIL DRUGGISTS

## SENG

A SECERNENT TO TONE THE FUNCTIONS  
OF DIGESTION

For indigestion, malassimilation, malnutrition; to restore the functional activity of the secretory glands.

A PLEASANT PREPARATION OF PANAX (GINSENG)  
IN AROMATICS

SOLD IN TEN OUNCE BOTTLES ONLY—\$1.00  
WHOLESALE AND RETAIL DRUGGISTS

## CACTINA PILLETS

A SAFE AND DEPENDABLE  
CARDIAC TONIC

For functional heart troubles. Is not cumulative in its action. An excellent remedy in tachycardia, following the excessive use of tobacco, tea, coffee or alcoholics.

DOSE—ONE TO THREE PILLETS, AS INDICATED

EACH PILLET CONTAINS ONE ONE-HUNDREDTH OF  
A GRAIN OF CACTINA, FROM CEREUS GRANDIFLORUS.

SOLD IN BOTTLES OF 100 PILLETS—50 CENTS  
WHOLESALE AND RETAIL DRUGGISTS

In prescribing the above elegant pharmaceuticals, always see that the genuine is dispensed. Samples to physicians. Advertised only to the medical profession, and manufactured exclusively in the laboratories of  
**SULTAN DRUG COMPANY, Pharmaceutical Chemists, SAINT LOUIS, MO.**

# CHIONIA

## *The* HEPATIC STIMULANT

Prepared from *Chionanthus Virginica*  
Expressly for Physicians' Prescriptions

Chionia is a gentle but certain stimulant to the hepatic functions and overcomes suppressed biliary secretions.

It is particularly indicated in the treatment of Biliousness, Jaundice, Constipation and all conditions caused by hepatic torpor.

**DOSE**—One to two teaspoonfuls three times a day. Put up in half pound bottles only.

Free samples to Physicians upon request

Peacock Chemical Co., St. Louis, Mo.  
Pharmaceutical Chemists.

# Peacock's Bromides

## *The* BEST FORM of BROMIDES

Each fluid drachm contains fifteen grains of the neutral and pure bromides of Potassium, Sodium, Ammonium, Calcium and Lithium.

In Epilepsy and all cases demanding continued bromide treatment, its purity, uniformity and definite therapeutic action insures the maximum bromide results with the minimum danger of bromism or nausea.

**DOSE**—One to three teaspoonfuls according to the amount of Bromides desired. Put up in half pound bottles only. Free samples to the profession upon request.

Peacock Chemical Co., St. Louis, Mo.  
Pharmaceutical Chemists.



# THE CINCINNATI SANITARIUM,

A Private Hospital for Mental and Nervous Disorders, Opium Habit, Inebriety, Etc.

Thirty-four years successful operation. Thoroughly rebuilt, remodeled, enlarged and refurnished. Proprietary interest strictly non-professional. Two hundred patients admitted annually. Detached apartments for nervous invalids, opium habit, inebriety, etc. Location retired and salubrious. Grounds extensive. Surroundings delightful. Appliances complete. Charges reasonable. Electric cars run from Fountain Square, Cincinnati, to Sanitarium entrance.

Long Distance Telephone, Park 135.

Dr. F. W. Langdon, Medical Director; B. A. Williams and C. B. Rogers, Resident Physicians.

For particulars, address THE CINCINNATI SANITARIUM, or P. O. BOX No. 4,  
College Hill, Station K, Cincinnati, Ohio.



## **PHYSICIANS DEFENSE COMPANY**

FORT WAYNE, IND.

### **THE SPECIALIST**

**75 %** OF THE MALPRACTICE  
SUITS THREATENED  
AGAINST CONTRACT  
HOLDERS  
**PREVENTED**

REMAINING

**25 %** SUCCESSFULLY  
**DEFENDED**

ELIMINATE LITIGATION AND THE HOLD-UP

**PROPHYLACTIC PLAN EXPLAINED  
IN PAMPHLET U**

**RIGHT NOW WRITE**

## **Menstrual Pain**

### **Aletris CordialRio**

through a specific sedative and anti-spasmodic action on the utero-ovarian nervous system, rapidly controls pain occurring at the menstrual period. Normal circulation in the uterine blood vessels is promptly established and a natural flow follows as a logical consequence.

As used by the profession during more than a quarter century, Aletris CordialRio has proven an effective and reliable addition to the medical armamentarium for relieving — among other kindred conditions — the distress and discomfort of adolescence and the menopause.

*Its whole action is to establish normal physiological conditions.*

**RIO CHEMICAL CO.**

LONDON — NEW YORK — PARIS



## **GLYCO- THYMOLINE**

FOR

### **SUMMER COMPLAINTS**

**PROPHY LAXIS**—The very nature of artificial foods and cow's milk predisposes to their rapid decomposition. A few drops of Glyco-Thymoline added to each feeding corrects acidity and prevents disorders of stomach and intestines.

**TREATMENT**—As an adjunct to your treatment of summer complaints, Glyco-Thymoline used internally and by enema corrects hyper-acid conditions, stops excessive fermentation and prevents auto intoxication. It is soothing—alkaline—nontoxic.

**KRESS & OWEN COMPANY,**

**210 Fulton Street, New York.**

# REASONS FOR SPECIFYING Mulford's Antitoxin

---

1. Mulford's Diphtheria Antitoxin is several times the concentration of the old-time serum, consequently, the lesser bulk is more easily administered, is less objectionable to the patient, and probably reduces the percentage of skin eruptions noted at times with regular serum.

2. By prolonging the process of dialysis a purer Antitoxic Globulin is obtained.

3. To this Antitoxic Globulin is added the correct amount of c. p. sodium chloride to make the resultant product conform exactly to the physiological salt solution, thus avoiding the irritation which is noted with Antitoxins that depart from the normal salt solution.

4. Our improved process of precipitation, and our method of preparing the Antitoxin to conform to the physiological salt solution, avoid the irritation following the use of the product obtained by the old method of precipitation and undesirable salts.

## BEAR IN MIND THAT

Mulford's Biological Products are prepared by scientific experts in laboratories that are famous throughout the continent for their excellent construction and equipment.

We absolutely guarantee the quality of our Antitoxin.

We prevent any possibility of loss and deterioration by exchanging outdated for fresh serum.

The record of Mulford's Antitoxin is unsurpassed. Every published report proves that it is a thoroughly reliable product.

Improved methods of preparation, and the satisfactory experience of physicians using our Antitoxin, warrant your preference for this improved product.

Write for our new brochure, it is well worth reading.

---

**H. K. MULFORD COMPANY, Chemists**

NEW YORK  
CHICAGO

PHILADELPHIA

ST. LOUIS  
MINNEAPOLIS

# Katharmon

KA-THAR-MON

**FOR THE RELIEF OF DISCHARGES FROM THE VAGINA AND UTERINE CAVITY**

A valuable alterative, astringent and antiseptic when applied to diseased mucous membranes

It exerts an abortive influence on beginning inflammation

**THE VALUE OF KATHARMON IS READILY UNDERSTOOD WHEN THE PHYSIOLOGIC EFFECTS OF ITS CONSTITUENTS ARE BORNE IN MIND**

Katharmon represents in combination Hydrastis Canadensis, Thymus Vulgaris, Mentha Arvensis, Phytolacca Decandra, 10½ grains Acid Borosalicylic, 24 grains Sodium Pyroborate to each fluid ounce of pure Distilled Extract of Witch Hazel.

Katharmon Chemical Co. ST. LOUIS, MO.

## R. W. MAGEE & CO.

Manufacturers and dealers in all Kinds of

**Deformity Apparatus, Trusses, Elastic Hosiery Supporters, Artificial Limbs.**

Factory and Fitting Room  
25 Massachusetts Ave.

INDIANAPOLIS



**FEELING IS A SENSE**

**FEELING PAIN**

**NONSENSE**

— TRY TWO ANTIKAMNIA TABLETS —

THE ANTIKAMNIA CHEMICAL COMPANY

ST. LOUIS

# Elegant Pharmaceutical Specialties

Attention is called to the EXCELLENCE and VALUABLE THERAPEUTIC PROPERTIES of these Preparations.

A

## ROBINSON'S HYPOPHOSPHITES

*Nutritive, Tonic, Alterative*

A STANDARD REMEDY in the treatment of Pulmonary Phthisis, Bronchitis, Scrofulous Taint, General Debility, etc. Stimulates Digestion, promotes Assimilation.

**R** Each fluidounce contains:

Hypophosphites Soda	2 gr.
Lime	1½ gr.
Iron	1½ gr.
Quinine	¾ gr.
Manganese	1¼ gr.
Strychnine	1-16 gr.

Dose—One to four fluidrachms.

6-oz. Bottles, 50 Cents.  
Pint Bottles, \$1.00.

This preparation does not precipitate—retains all the salts in perfect solution.

B

## ROBINSON'S PHOSPHORIC ELIXIR.

A Modified and Improved Form  
of Chemical Food

**A** SOLUTION of the Phosphates of Iron, Sodium, Potassium and Calcium, in an excess of Phosphoric Acid.

Each fluidounce represents:

Phosphate Sodium	12 grains.
Potassium	4 "
Calcium	4 "
Iron	2 "

FREE Monohydrated Phosphoric Acid 16 grains.

Each fluidounce is approximately equal to (30) thirty grains of Monohydrated Phosphoric Acid, FREE AND COMBINED.

Unsurpassed in excellency and palatability.

An invaluable remedy in the treatment of

**Nervous Exhaustion, Incipient Paralysis, Deranged Digestion, Melancholia, General Debility, Renal Troubles, Etc.**

DOSE—The average dose is a dessertspoonful (2 fldra.) diluted with water, to be taken immediately before, during or after meals.

PINTS, \$1.00

C

## ROBINSON'S LIME JUICE and PEPSIN

Pure Concentrated Pepsin Combined  
with Pure Lime Juice

An exceedingly valuable Combination in cases of Dyspepsia, Indigestion, Bilioussness, Heartburn and Mal-Assimilation.

**APERIENT AND CHOLAGOGUE**

Impaired Digestion is a consequence of a sedentary life, coupled with nervous and mental strain.

Reliable Pepsin is one of the best DIGESTIVE agents known. Pure Lime Juice with its APERIENT and CHOLAGOGUE characteristics, with the Pepsin furnishes a compatible and most efficient combination as a remedy for the disorders named.

Robinson's Lime Juice and Pepsin is PALATABLE and GRATEFUL to the taste.

DOSE—Adult, dessertspoonful to table-spoonful, after eating. Children one-half to one teaspoonful according to age.

Price, 6 oz. Bottles, 50 Cts.  
16 oz. Bottles, \$1.00.

D

## ROBINSON'S ELIXIR PARALDEHYD.

10 PER CENT.

Hypnotic, Sedative Anodyne Diuretic.

**Indications:** Sleeplessness, Irritability, Nervousness, Headache, Colic, Etc.

IN doses of 45 grains, it calms restlessness and insomnia, and procures unbroken sleep of from four to seven hours duration, leaving behind neither languor, nausea, nor digestive disorders. It is proposed as possessing the good without the evil qualities of Chloral.

Our Elixir contains 45 grains of the Paraldehyd in each fluidounce, dissolved in an aromatic menstruum whereby the objectionable taste of the chemical is to a great extent disguised, and the preparation rendered palatable.

Dose—10 per cent. 2 to 8 fluidrachms.

Pint Bottles, \$1.50.

N. B.—We also make 25 per cent. strength.

Price Per Pint, \$2.00

WENOW MAKE { SOLUTION ALBUMINATE OF IRON, } Pints. \$1.00  
FLEXNER'S { SYRUP ALBUMINATE OF IRON COMP. }  
{ SOLUTION ALBUMINATE IRON and STRYCHNINE } Half-  
{ SYRUP ALBUMINATE IRON with QUININE and STRYCHNINE } Pints \$1.00

Please specify ROBINSON'S Original Bottles. For sale by Druggists.

**ROBINSON-PETTET CO.,** Incorporated  
Manufacturing Pharmacists, LOUISVILLE, KY.

Founded 1842. Incorporated 1890.

Send Pamphlets gratis to Practitioners by Mail upon request

The Pinnacle of Therapeutic Success can only be  
attained by the Timely use of Proper Remedial Agencies

# Antiphlogistine

(Inflammation's Antidote)

affords the most scientific method of combating Inflammation and Congestion. It is of especial benefit in the conditions incident to the summer season.



In ENTERO-COLITIS, and other Inflammations of the abdominal and pelvic viscera, Antiphlogistine proves a satisfactory adjuvant to treatment, as it produces a depletion of the enteric and peritoneal vessels, stimulates the reflexes and muscular rigidity.



In SPRAINS and WRENCHES, the stretching or tearing of the ligaments, contusion of the synovial membrane and damage to vessels and nerves are best controlled by Antiphlogistine, which distinctly aids in the reconstruction of the part. The absorption of the liquid exudate from the swollen tissues and the free circulation of blood in the seat of the injury greatly hastens the process of repair.



THE DENVER CHEMICAL MFG. CO.

New York



**PAPINE** IS THE  
ANODYNE PRINCIPLE OF OPIUM, THE  
NARCOTIC AND CONVULSIVE ELEMENTS  
BEING ELIMINATED, AND IS DERIVED  
FROM THE CONCRETE JUICE OF THE  
UNRIPE CAPSULES OF PAPAVER SOM-  
NIFERUM. ONE FLUID DRACHM IS EQUAL  
IN ANODYNE POWER TO ONE-EIGHTH  
GRAIN OF MORPHIA. IT PRODUCES NO  
TISSUE CHANGES, NO CEREBRAL EX-  
CITEMENT, NO INTERFERENCE WITH  
DIGESTION.

**BROMIDIA ECTHOL IODIA**  
**BATTLE & CO.,** <sup>CHEMISTS</sup> CORPORATION, ST. LOUIS, MO., U.S.A.

# BOVININE



SEND FOR  
SAMPLE

**Assures Normal Osponic Index, Full Elimination of Waste. Rich Red Blood. Cell Stimulation and Complete Nutrition.**

- BOVININE.** Internally it establishes a normal balance between elimination and nutrition, result being health.
- BOVININE.** Contains every element in a full and proper proportion necessary to completely feed every tissue of the human body.
- BOVININE.** Has no competition, as all other prepared and liquid foods feed only in part, hence their field of usefulness is limited and nature must accomplish the rest, and this she can seldom do.
- BOVININE.** Is not antagonistic to any medication, but greatly aids the therapeutic action of drugs. It is indicated at all ages and in all conditions.
- BOVININE.** Locally as a dressing in all forms of ulceration or any peripheral starvation is ideal.
- BOVININE.** Is ready for immediate assimilation, does not disturb, but gives the gastro-intestinal tract full and complete rest.
- BOVININE.** Is rich in assimilable organic iron and is *sterile*.

**THE BOVININE COMPANY**  
75 West Houston St., New York City

# INFANTILE ANEMIA.

**M**ANY of the ills of Infancy are due to an anemic condition imparted by the mother during the concluding months of pregnancy.

Preclude this possibility by increasing the hemoglobin and the red corpuscles in the mother blood, and the infant will be less likely to contract diseases incident to the nursing period.

**Pepto-Mangan (Gude)** increases the hemoglobin and the corpuscular element of the blood of the pregnant woman; renders the vital fluid sufficiently rich to yield ample nourishment to the mother and her unborn, and substantially improves the fetal circulation. This is a demonstrable fact—the microscope proves it.

The palate-pleasing properties of this combination of organic iron and manganese especially fit it for the anemic or debilitated pregnant woman—inorganic ferruginous products not only constipate but aggravate the normally existent nausea.

The administration of **Pepto-Mangan (Gude)** during the months of pregnancy safe-guards the health of the mother and imparts stamina to the off-spring.

**Pepto-Mangan (Gude)** is ready for quick absorption and rapid infusion into the blood.

Order **Pepto-Mangan (Gude)** in original bottles and avoid substitution.

*Never sold in bulk.*

**40**

Samples and literature sent upon application.

**M. J. BREITENBACH COMPANY,  
NEW YORK, U. S. A.**

## **Bacteriological Wall Chart for the Physician's Office.**

One of our scientific, and artistically produced, bacteriological charts in colors, exhibiting 60 different pathogenic micro-organisms, will be mailed free to any regular practitioner, upon request, mentioning this journal.

This chart has received the highest praise from leading bacteriologists and pathologists, in this and other countries, not only for its scientific accuracy, but for the artistic and skillful manner in which it has been executed. It exhibits more illustrations of the different micro-organisms than can be found in any one text-book published.

M. J. BREITENBACH CO., NEW YORK.

# Glycozone

(C<sub>3</sub>H<sub>6</sub>O<sub>4</sub> + C<sub>3</sub>H<sub>8</sub>O<sub>3</sub>)

**ABSOLUTELY HARMLESS.**

Indorsed and Successfully used by leading Physicians in the treatment of

**DYSPEPSIA, GASTRITIS, GASTRIC ULCER and  
CONTAGIOUS DISEASES of the STOMACH and INTESTINES.**

In order to prove the efficiency of GLYCOZONE, I will send a **\$1.00 bottle free** to Physicians accompanying their request with 25c. to pay forwarding charges.

A copy of the 18th edition of my book of 340 pages, on the "Rational Treatment of Diseases Characterized by the Presence of Pathogenic Germs," containing reprints of 210 unsolicited clinical reports, by leading contributors to Medical Literature, will be mailed free of charge to Physicians mentioning this Journal.

Prepared only by

*Charles Marchand*

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France)

57-59 Prince Street, NEW YORK.

## SOLGUATONE P-M CO.

**IS SUCCESSFULLY USED**

In bronchial affections  
where there is

Persistent cough  
Profuse secretion  
Remittent fever  
Prostration

Reports from many practitioners confirm our claims that under the influence of this remedy, secretion was diminished and its purulent character lost; bronchial irritation and cough were abated; fever was reduced but patient invigorated; infection was prevented or if present, confined to limited area.

Particularly in chronic cases of catarrhal bronchitis (notably those with recurrent acute attacks), bronchiectasis, or other respiratory disorders in which a specific causative organism may or may not be demonstrated, or in the convalescence from acute diseases such as pneumonia, pleuritis, etc., the most beneficial treatment is the free use of

**SOLGUATONE P-M CO.**

**DOSE**—One-half fluidram 3 times a day—increased to 2 fluidrams four times a day.

Each fluidounce contains guaiacol, 8 minims, and creosote 8 minims - both combined in water-soluble sulphonates—strychnine hypophosphite 1-32 gr., quinine hypophosphite ¼ gr., with hypophosphites of calcium, manganese and potassium 5 gra.

Made by

Samples supplied on request.

**Pitman-Myers Co., 111-117 N. Capitol Ave., Indianapolis**

Phones, Main 2782; New 4725

# INDIANA MEDICAL JOURNAL.

VOL. XXVII.

INDIANAPOLIS, SEPTEMBER, 1908.

No. 3

## Addresses and Original Communications.

### THE COMMONER SYMPTOMS OF EYE STRAIN.

BY JOHN R. NEWCOMB, M. D., INDIANAPOLIS.

The subject of eye strain has, in the past decade, received a very considerable amount of attention from ophthalmologists and general practitioners have, in varying degree, learned the significance of the widely distributed cycles of symptoms produced by it. The importance of this subject cannot be overestimated and a frequent repetition of the diagnostic points seems warrantable. Among Dr. Gould's excellent writings on the subject of Asthenopia, or eye strain, he says: "The eye, as in no other sense organ, is the *conditio sine qua non* of motility and development of all the higher organs, the retina being essentially brain substance, and every activity of the body depends upon precedent and governing vision. Intellect itself is fundamentally and initially visual: the brain comes out to see." The *raison d'être* of this article is but to bring out again the commoner symptoms, so often unrecognized until through their continuance severe pathologic changes have been wrought in the eye.

Asthenopia or eye strain, as it is commonly known, is universal. It is a product of civilization, often beginning in our kindergartens, assiduously following throughout school life and serving as a handicap in business and professional activities. The American people have become a bespectacled race due to the fact that the early

symptoms of the ocular disorder have been disregarded as a result of which there have occurred actual alterations in the mechanical details of the visual apparatus, and the patients have been forced to don spectacles, which at best are but ocular crutches. The effects of abnormal visual activity or of extra-ocular muscle imbalance on both physical and intellectual development present in themselves a pitiable plea for the early recognition and proper treatment of the ocular deficiency.

The symptom groupings of Asthenopia are wide spread, the causes are many and without entering into detailed classification, let us consider only the more important local and general subjective and objective symptoms. It will serve the purposes of this article to consider asthenopia under two general heads. That form of eye strain dependent upon Ametropia, or abnormal refractive power of the eye, which includes Hypermetropia, or far sight, Myopia, near sight, and Astigmatism; under the second head we will consider that form of eye strain brought about by a condition of Heterophoria, or abnormalities, functional or idiopathic of ocular muscle balance.

Those symptoms not affecting the eye structures proper are readily accounted for by the anatomy of the eye and its correlative structures. For example—in the cerebral sight center in the occipital cortex we find the embryonal and anatomical counterparts of the retinal fields and with the intimate, intricate vascularization and innervation it is obvious that any faulty sensory acts of the eyes continued over a period of time will result in functional and organic disorder. The connection of the motor and sensory portions of the eyes with the several intracranial

nerves as well as the large number of association fibres which are stimulated during ocular activity gives us a rational basis for tracing certain of the general subjective symptoms.

It is not necessary to go into detail concerning the less frequent and obscure symptoms of beginning eye strain and we shall only consider those which are practically always observed.

In hyperopia, or far sight: the symptoms are many and various but foremost is headache or "brow ache:" it is usually frontal, frontotemporal, or may extend to the occipital region or all over the head. If headache be due to the eyes diagnosis is simple owing to the fact that it arises during periods of ocular activity and diminishes or disappears during ocular rest. So-called "sick headache" is most frequently of ocular origin. Inflammation of the lid margins, styas, cysts of the Meibomian glands, and conjunctival irritations are very frequently present. An abnormal desire to sleep after close application is good evidence. Print blurs and becomes dimmed after short periods of activity or the lines of printed matter "run together." The eye in hyperopia is small, with short interpupillary distance. A convergent squint in children usually indicates hyperopia. Distant vision is good but for close work there occurs a narrowing of the palpebral fissure and the act of reading is accomplished very slowly. There is an inability for long continued reading or close work, a necessity for greater illumination and a marked variation in the distance at which the work is held from the eyes.

In Myopia or near sight, there is not as a rule severe or annoying headache. An inability to see distant objects clearly is the primary and often the only symptom complained of by the patient. The eyeball is usually prominent, there is a long interpupillary distance, and a divergent squint usually indicates Myopia. The two cardinal points are the poor distant vision and the good near vision. The pupils are sometimes dilated and the irides slug-

gish to stimuli. Near work is performed in deficient light, the shoulders may be stooped, and there may be a lateral movement of the head during close work.

In Astigmatism there are but few reliable objective signs. There sometimes is seen frowning, head turned to one side, narrowed palpebral fissure in myopic astigmatism and widened fissure in hyperopic astigmatism. None of these are dependable but since astigmatic errors are observed as complications the diagnosis can safely be left to such methods as retinoscopy.

Heterophoric asthenopia, the eye strain arising from faulty muscle balance, is occasionally seen alone but more often in combination with some form of ametropia and constitutes a comparatively large percentage of patients. Reflex neuroses are very frequent accompaniments of muscular imbalance. Vertigo, migraine, mental confusion and consequent depressed mental activity, and various gastric disturbances are often the symptoms presented by patients who are not even aware of any ocular disorder. Continued over a period of time these neuroses affect the general system and this reduction in general physical tone in turn augments the condition of eye strain. Thus a vicious circle is established which, if not properly diagnosed and treated, means great physical suffering and actual pathologic changes in the structures of the eye. The migraine found in these cases has been described as "an explosive paroxysmal psychoneurosis, comparable to an epileptic seizure in that the manifestations are sensory rather than motor." Its usual site is occipital, nuchal, and cervical and in some cases extending even to the dorsal areas. "Church" and "Opera" headaches, car sickness, confusion and nausea from observing rapidly moving objects and the more recent "Moving Picture" headache are all most frequently dependent upon ocular irregularities.

It is not necessary to consider the other forms of asthenopia in this article

for they are usually, if not always associated with one or more of the forms described, presenting merged symptom groupings and can be diagnosticated only by the special methods employed by the trained ophthalmologists.

The experience of any ophthalmologist will warrant the statement that there are a great many cases of eye strain treated symptomatically, unrecognized by the physician, and allowed to go uncorrected until such changes have occurred as render the ocular structures irretrievably damaged. And there are some physicians who do not realize the importance and scope of a thorough examination and consider their obligation to the patient discharged when they send him to the optician for an "Eyes Tested Free" fiasco.

It has truthfully been said that the greatest judgment and the utmost skill are necessary in the prescribing of lenses for any pair of eyes. So much is to be taken into consideration, and such slight modifications are so productive of such harmful results that a medical education and a thorough training in this special form of work are obligatory.

The sooner we come to a full realization of the serious secondary disorders and the very harmful functional disarrangements that may arise from the eyes in a state of strain, just so soon will we see a decrease in the distressing neuroses and in the harmful and unwarranted therapy now so frequently. 217 Newton Claypool Building.

#### **A CASE OF INANITION FROM OVER-FEEDING.**

BY DR. G. B. JACKSON, OF INDIANAPOLIS.

August 1, 1908. Baby W. ———. Female; age four months; weight  $8\frac{3}{4}$  pounds; weighed  $7\frac{1}{2}$  pounds at birth; fed artificially; never gained very well, lately losing weight. Bowels always loose and move six to ten times a day with great volume of semi solid con-

sistency with white flakes, slight mucous and rarely greenish streaks. Examination shows no blood nor pus. Urinates every 20 to 40 minutes and perspires freely and constantly. Vomits only rarely but cries very much and sleeps poorly.

On inquiry as to the feeding, the mother said that "several physicians had tried everything" and that for the last two weeks it had been getting as follows: Cream,  $7\frac{1}{2}$  oz., milk, 11 oz., milk sugar, 2 oz., lime water, 2 oz., water,  $19\frac{1}{2}$  oz. This is a total of 40 oz. in 24 hours, besides a small drink of water "between meals." The meals were 5 oz. of the above formula every two hours. Thus, the infant received about 50 oz. of fluids in the 24 hours.

Examination revealed a thin, pale infant without signs of rachitis and with a soft abdomen, normal temperature. The integument was somewhat loose, easily lifted into folds and very moist.

Diagnosis.—Overfeeding with consequent indigestion and inanition.

Upon calculating the caloric worth of the 24 hours' food it was found to be about 750 Ca.—enough for an infant weighing 17 pounds—in other words about twice the amount necessary to support the case before us.

Treatment—Give no water between meals. Feed milk, whole and pasteurized 16 oz., barley water, 16 oz., milk sugar,  $1\frac{1}{2}$  oz. Allow 5 oz. every three hours and increase the milk proportion very gradually under physician's observation.

This prescription was based upon the calorimetric principle in infant feeding (see article by writer in *Indiana Medical Journal*, 1907), and upon the evident fact of overwork of the urinary, circulatory, respiratory and digestive systems by the too great quantity of fluid ingestion. The writer always uses simple milk dilutions when borne well by the infant.

Results:—August 3d. Bowel moved.

Results: August 3d. Bowels moved four times in last 24 hours and less volume. There is less urination and

sweating and the child is more restful. August 14th. Bowels moving twice; one-half as many micturitions as formerly. Weight  $9\frac{3}{4}$  pounds and the child has a much more contented general appearance.

This case tells its own story. It was selected from my records because its history spoke so emphatically and typically upon one of the points of greatest danger in artificial feeding, i. e., overfeeding.

340 Newton Claypool Building.

### MEDICAL ETHICS.\*

BY FREDERICK C. SHATTUCK, M. D.  
Jackson Professor of Clinical Medicine  
in Harvard Medical School,  
Boston.

The subject of my remarks this evening is not of my choice. It was assigned me by the higher powers for reasons I do not presume fully to understand. I cannot believe that you are peculiarly in need of instruction in medical ethics, and I know that I am not specially qualified to give it; but having from my youth been brought up in habits of obedience I cannot break away from early and long training, and—you must take the consequences.

Of several definitions of ethics in the Century Dictionary, I have selected the following as perhaps best meeting our requirements of the evening as I conceive them. "Ethics is the doctrine of man's duty in respect of himself and of the rights of others." Ethics thus formulates right conduct and aids us to see the light; but we must constantly strive to be led by it. Intellect and character are very different qualities, too rarely coexistent in their higher degrees in the same person. One or the other may be highly developed, or less or more atrophied, congenitally, from disuse, or both. He

whose unclouded vision sees things just as they are, including the right and wrong of almost any and every question may, allowing himself to be dominated by love, ambition, avarice or some other passion, with open eyes choose a low course. Per contra, he whose intellect, which may be acute though narrow, fails to grasp the true relation of things, may, subduing all passion and apparent self-interest, act nobly, even if, with a mind more logical than clear, false premises lead to false conclusions. History affords examples of either extreme, as well as a few of that harmonious balance of intellect and character, which, in General Washington, has so impressed the world, and as long as man works upward must remain a living force.

Standards of ethical conduct—that is, conduct which not only tends to the development of individual character but also to that of the well-being of the race—have undergone considerable evolution, the most potent single influence which has been brought to bear upon them being Christianity. "An eye for an eye and a tooth for a tooth" of the Judiac, is supplanted by the offering of the other cheek to the smiter, of the Christian dispensation. Taking the world as a whole, even today, external standards vary enormously with the degree and kind of civilization—and its lack—with the religion and organization of society, the physical peculiarities of a country, the density of population, means of communication and a thousand other things. With us a state of relative fixity has been reached.

The more complex society becomes, the closer knit by applied science, the more organization gains on individual action, the more numerous are the restrictions which must be placed on the individual for the benefit of society as a whole. That which may be perfectly right and proper for the savage, or even for the civilized man in the wilderness, may be highly reprehensible under other conditions.

\*An address to the students of Western Reserve University Medical College and the Academy of Medicine of Cleveland, April 25, 1908. From *The Cleveland Medical Journal*, August, 1908.

We are all agreed that as men we should so live as to cultivate our intellects, to enlighten our consciences, to strengthen and elevate our characters, and, in as far as in us lies, to promote the well-being of mankind. This is practical ethics. What, then, is medical ethics? Has an adjective any place in ethics? If so, why? Cannot all practical ethics be summed up in the Golden Rule? Yes and no. It can be so summed up, but rules based on analysis are useful as short-cuts, promoting the rapidity of decision as to right conduct in concrete cases which may seem, or really be, complex. Every calling involves some peculiarities of relation to other persons, which adds to or modifies the restrictions imposed by general ethics. The peculiarly intimate relations, especially with female patients, involved in the practice of medicine necessitate a very strict standard, lapses from which are less pardonable to the doctor than to men of any other calling save the priesthood. This has been recognized from very early times as we shall see later.

The French law, it would seem very properly, pronounces void a legacy from a patient devised during the illness to the physician in charge of him during the same. Neither in this country, England or Germany is there any such legal provision, and it seems to me to speak well for the integrity of our profession that physicians with us are so seldom legatees of their patients.

History tells us that everywhere in early times the priest and the physician were one, and so it is today among many primitive peoples. In the absence of knowledge superstition rules, and as long as illness is regarded as a demoniac possession the priest is naturally the medicine man and lays down the rules for his conduct. When the mind gets to the point of coldly collecting and collating facts and of recognizing that they are the masters, not the servants, in all matters open to

observation and experiment, the care of the soul and of the body cannot remain in the same hands.

The most ancient statement on medical ethics of which I can get clear trace is the Hippocratic Oath, of about 460 B. C. This oath was taken on entering studies and runs as follows: "I swear by Apollo, the physician, by Aesculapius, by Hygeia, Panacea, and all the gods and goddesses, that according to my ability and judgment I will keep this oath and stipulation, to reckon him who teaches me this art equally dear to me as my parents, to share my substance with him and relieve his necessities if required, to look upon his offspring on the same footing as my own person, and to teach them this art if they shall wish to learn it without fee or stipulation, and that by precept, lecture and every other mode of instruction I will impart a knowledge of this art to my own sons, to those of my teachers and to disciples bound by a stipulation and oath, according to the law of medicine, but to no others. I will offer that system of regimen, which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel, and in like manner I will not give a woman a pessary to produce an abortion. With purity and with holiness I will pass my life and practise my art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption, and further, from the seduction of females and males, of freemen and slaves. Whatever in connection with my professional practice, or not in connection with it, I see or hear, I will not divulge, as reckoning that all such things should be kept secret. While I continue to



keep this oath inviolate, may it be granted to me to enjoy life and the practice of my art, respected by all men at all times; but should I trespass and violate this oath, may the reverse be my lot."

Charaka, dating probably, as I am informed by Professor Lanman, from about 100 A. D., deals at some length with medical ethics and the mutual relations of pupil and teacher. It is too long to give in full, but I permit myself to make some extracts, calling your attention to the fact that this ancient Indian oath was administered to the pupil about to enter on the study of medicine, not at the end of his pupilage. We note the stress which is laid on the physical perfection of the candidate, and remember that such, in a limited way, is a pre-requisite to admission to the Romish priesthood. After setting forth what constitutes a good treatise to select for minute study a list of the qualifications desirable in the preceptor, the pupil desirous of courting him should attend on him with heedfulness like one revering one's sacrificial fire, or one's deity, or one's king, or one's father, or one's patron." A very proper attitude of pupil to teacher, not always observed at the present day.

Next come the qualities of the pupil:

"He should be of a mild disposition.

"He should be noble by nature.

"He should not be mean in acts.

"His eyes, mouth and nasal line should be straight.

"His tongue should be thin, red and unslimy.

"His teeth and lips should have no deformity.

"He should not have a nasal voice.

"He should be possessed of intelligence.

"He should be free from pride.

"He should be endued with a large understanding.

"He should have power of judgment and memory.

"He should have a liberal mind.

"He should belong to a family the members of which have studied the medical scriptures or followed medicine as a profession.

"He should have a devotion for truth.

"He should not be defective in respect of any limb.

"He should have all his senses perfect.

"He should be disposed for solitude.

"He should be free from haughtiness.

"He should be of a thoughtful disposition.

"He should be free from those faults which go by the name of *Vyasana*."\*

Then follow elaborate ceremonies which are gone through with, so interesting and curious that I wish we had time for them in full. And finally, the preceptor formulates, as it were, a code, the acceptance of which is a pre-requisite of pupilage.

"If thou desirest to achieve success of attainment, earn wealth, acquire celebrity, and win Heaven thereafter, thou shouldst, reverencing kine and Brahmanas above all, always seek, whether standing or sitting, the good of all living creatures.

Thou shouldst, with thy whole heart, strive to bring about the cure of those that are ill.

Even for the sake of thy life thou shouldst not drain those that are ill of their substance.

Thou shouldst not, even in imagination, know another man's wife.

Thou shouldst not, similarly, appropriate other people's possessions.

Thou shouldst not keep any connection with publicans, or sinful men, or with those that are abettors of sinful behavior.

Thou shouldst speak words that are soft, unstained by impurity (obscenity), fraught with righteousness, incapable of giving pain to others, worthy of praise, truthful, beneficial and properly weighed or measured.

Thou shouldst always conduct thyself taking note of place and time.

While entering the family dwelling-house of the patient, thou shouldst do it with notice to the inmates and with their permission. Thou shouldst (at such times) be accompanied by some male member of the family. Thou shouldst cover thy person properly. Thou shouldst (while entering) keep thy face downwards. With thy wits about thee, thou shouldst, with understanding and mind properly fixed, observe all things. Duly conducting thyself in this way thou shouldst enter (the dwelling-house of the patient.)

Having entered, thou shouldst not devote thy words, mind, understanding, and the senses to anything else than what is calcu-

\*Certain habits and acts go by the name of "*Vyasana*." They are hunting, gambling with dice, sleep during day time, speaking ill of others, infatuation for women, excessive addiction to singing, dancing and instrumental music, purposeless sauntering, and others of a similar nature. The Hindu Scriptures abound with exhortations to avoid them. In the case, of a Brahmacharin (pupil living in the house of his preceptor), their avoidance is doubly incumbent.—T.

lated to do good to the patient, or to any other subject connected with the patient (than his recovery.)

Thou shouldst never give out (to others) the practices of the patient's house."

Please note specially the following:

"There is no end (to reach) of Medical Science. Hence, heedfully, thou shouldst devote thyself to it. \* \* \* Then, again, skillfulness of practice should be acquired from others, without feeling any humiliation.

Unto men possessed of intelligence, the entire world acts as a preceptor.

Unto men destitute of intelligence, the entire world occupies the position of an enemy."

"I swear in the name of God, the Most High, and of his sublime prophet, Mohammed, whose glory may God increase, to be faithful to the laws of honor, honesty and benevolence in the practice of medicine. I will attend to the poor gratuitously and never exact too high a fee for my work. Admitted into the privacy of a house my eyes will not perceive what takes place. My tongue will guard the secrets confided to me. Ever respectful and grateful to my masters, I will hand on to their children the instructions which I have received from their fathers. May I be respected by men if I remain faithful to my vow. If not, may I be covered with shame and despised. God is witness to what I have said. The oath is finished.

In the Langobard Code, A. D. 650, we find: "Whosoever has inflicted wounds upon anyone, he shall supply him with attendance, and likewise pay the fee of the physician at a rate to be estimated by learned men." (Not by physicians, however.) Physicians were made responsible for their want of skill. Their fees were stipulated in advance.

The morality inculcated in the ancient code and oaths is very high. Good character, good morals and professional secrecy are requisites common to all. The low state into which medicine had fallen during the Middle Ages is reflected in the codes and regulations of the times. Doctors too often had neither attainment nor character

and it was deemed necessary to protect the community against them.

As the Roman Empire declined and fell, learning of all kinds went into the long sleep of the Middle Ages, as did ethics and medicine, and the physician and the priest were again united, this time in the person of the monk. The influence of Greek thought was active only among the Arabs, who thus played their part in preparing the way for the Renaissance. Among the Greeks, medicine was a part of philosophy, in the Middle Ages of theology, and physicians were not classed among learned men. Some of the higher clergy of the Benedictine monasteries seem to have been men of learning and to have been interested in medicine; but the medical teaching, which, in the ninth century gave the name of *Civitas Hippocratica* to Salerno and which developed into the university of that place in 1150, seems to have been purely secular. The monks as a class preserved literature though they added little or nothing to exact knowledge. The Benedictines, however, gave special attention to illness and some of them seem to have possessed medical as well as general learning.

It is interesting to remark that the origin of the first European university was its medical school. To Salerno went William of Normandy, afterwards the Conqueror, in quest of health, which his subsequent career would seem to show that he regained. Frederick the Second, Emperor of Germany, 1194-1250, included in some ordinances relating to practitioners a provision that no one should be allowed to bear the title of physician unless he had passed the examination at Salerno.

But we must hurry on, great as is the temptation to linger. The history of medical ethics is inseparable from the history of medicine, and broadly speaking, no real progress in ethics can take place without antecedent progress in medicine.

During the seventeenth and eighteenth centuries the system-makers, from Van Helmont to Hahnemann, were dominant, the resurrection of ancient literature leading at first to a blind reverence for authority, especially that of Galen, and the expenditure of brains often worthy of better things on hypothesis rather than on observation and experiment. Finally, the foundations of real progress were laid by Harvey, Sydenham and John Hunter, to select the great names of England alone. During the reign of the system-makers the lack of respect in which physicians were held, and part of the reason therefor, are reflected in the literature of the times and in the unseemly—to use a mild word—professional wrangles of the day. Contrast the attitude of Moliere toward doctors of physic with that of writers for the modern stage.

A class, as well as an individual, must respect itself to win the respect of others. Too many of the leaders of the profession, garbed in a long, velvet-lined doctor's robe, later with peruke, cane and sword were mere pedants at the best, though they assumed the air of savants and deemed it beneath their dignity to render other services to the sick than to give dogmatic advice and write elaborate prescriptions. They took themselves very seriously. Perchance, had medicine stood higher in popular estimation, Rabelais, Smollett and Goldsmith might have been lost to literature. Rabelais was for fifteen years a monk, the last five years a Benedictine. The relation of the Order to medicine has already been spoken of. Had Rabelais not left the Franciscan for the Benedictine Order, would he have turned to medicine?

The duel between Doctors Bennett and Williams in the eighteenth century was a forerunner of similar events at a much later period, of events not quite unknown today south of Mason and Dixon's Line. A pamphlet quarrel led to blows, and then to a chal-

lenge from Bennett, declined by Williams. Bennett then called on his confrere and called him a coward. Williams opened his door himself and shot Bennett with a pistol and swan shot in the breast. Bennett retreated across the street to a friend's house, followed by Williams, who shot again and then ran him through with his sword. Bennett managed to draw his sword and ran Williams through the chest and scapula, the sword breaking off short. Williams died before he could reach his house, Bennett died in four hours.

In 1830 took place near Philadelphia a duel between Dr. Smith and Dr. Jeffries with pistols. Shot one at eight paces a miss; shot two breaks Smith's right arm; shot three wounds Jeffries in the thigh, causing him to bleed profusely. Bandages and brandy put him in condition for shot four, which, the men being only six feet apart, was fatal to both.

If there are pessimists among us, let them read of past times. The fundamentals of human nature do not change. Fashion is still potent and always will be. But self-restraint has increased and the fire of passion is less easily lighted in those who are humbly trying to observe the facts and learn the laws of nature than in those whose pride and feelings become enlisted in the advocacy of a hypothesis or a theory. Contrast the attitude of the profession at large toward inoculation and vaccination, and toward every innovation of past time, with that toward Pasteur, Koch, Lister and other revolutionists of modern times. Contrast the doctor of the stage and fiction in past and present times. Doctors of Medicine still differ, for medicine is not an exact science though it is coming more and more to rest thereon. But now when they differ they do so temperately, recognizing that there is fair ground for difference of opinion in many matters. Doctors of Law are paid to differ. The differences of Doctors of Divinity, to whom the proverb that doctors differ was probably first

applied and who have succeeded in sloughing it off on us, are patent, and led to the horrors of the Inquisition and of the Reformation.

Our manners are not always good. In some respects they are inferior to those of earlier times, when the liability to be called to account in a duel, made men careful, often ceremonious, even if modesty and respect for the rights of others were lacking. But we are, in the main, far more tolerant in differences of opinions, more open to conviction, far less acrimonious in expressing our differences. Codes of medical ethics have grown shorter and simpler, where they persist, as in my own State. The very word "Code" has been dropped by the American Medical Association, which prints a statement of the "Principles of Ethics" comprising helpful suggestions as to the relation of physicians to their patients, the public and one another. The British Medical Association has no Code. Ethical conduct is promoted by education, culture, example, not easily enforced on the unwilling by law, so full of loopholes for those in search of such. The laity is gradually learning that "professional etiquette," which it has characterized as inhumane, selfish, absurd, in truth rests primarily on the interest of the patient, only secondarily on that of the doctor. The relation of doctor and patient is such, such the interaction of mind and body, so largely does mere perversion of function represent, modify, or complicate definite disease, that the confidence of the patient in the knowledge, skill and character of his physician is always a very important element in the care—not infrequently an indispensable element in the cure—of the sick.

It is harmful to the character of one physician to directly or indirectly sap the confidence reposed in a professional brother. It is harmful to the usefulness of the profession at large so to do. It is harmful to the sick man. A dignified silence or reserve as regards quacks, even notorious quacks, is, as a rule, wise. We should certainly not

go out of our way to break such silence. A certain proportion of the community is always ready to worship false gods, a larger proportion to be temporarily led astray. But as Mr. Lincoln is reported to have said, "you can't fool all the people all the time," and in the long run truth prevails. The length of this run is shortened by absolute honesty in thought and deed on our part, by freedom from affectation of power and knowledge which we do not possess, by an attitude of mind which welcomes and recognizes progress, even though it may seem to clash with our personal interests at the time. Most of the ridicule which was unsparingly dealt to our profession in past times was richly earned by the assumption of so many of its members. The gold-headed cane, a portentous gravity of manner, a peculiarity of dress, other than that of scrupulous neatness, are trivialities which have had their day, like the proverbial dog.

The philosophy of life has been well, even if profanely summed up in the advice of the Missouri father to his son: "So live every day that you can look every damned man in the eye and tell him to go to hell." Note that the latter part of the injunction is permissive, not mandatory. The important thing is the mode of life. The exercise of the privilege is secondary, subject to the inhibition of modesty and common sense. Duty is ever paramount. The right which is attached thereto it may be better for us not to insist upon, and then only with careful regard for time and season.

Every rose has its thorn, and one of the thorns of the lovely rose of the practice of medicine is that the daily work of the physician brings him so much in contact with his inferiors, that is, with those who defer to his judgment. He thus comes in danger of being opinionated, intolerant of difference of opinion. Efficient antidotes to this toxin are an active share in medical meetings and the careful reading of at least one first-class medical journal of general scope. I have in mind more

than one physician practising in small who take time—I know not how, save as a triumph of mind over matter—to do these things, and I don't find these men the least ethical of the profession in their localities. We physicians must not only hold our tongues, but, more than men of some other professions, must shut our ears to tales, whether idle or malicious, either of the shortcomings and mistakes of fellow practitioners, or of remarks attributed to doctors or patients and derogatory to us. Such things should, in the majority of cases, pass us as the wind which we regard not.

There is one conspicuous feature in which the ethics of medicine differ from that of nearly every other calling. The inventor of a machine, or of a process of manufacture, or a device, can patent it and receive legal protection, and receive all the emoluments directly flowing from the invention. It is considered good public policy thus to stimulate human progress by what is virtually a tax or bounty paid by the community. So also human thought embodied in the printed book may be copyrighted. Health and its preservation are matters of such universal and vital import that the profession of medicine itself has decided that its members must forego anything like proprietorship in progress. The Bowles stethoscope is patented and is therefore expensive. Conduct and a profit allowable to Mr. Bowles would not be allowable were he Dr. Bowles.

To the doctor in love with his profession Heaven may sometimes appear as a place where he can exercise his calling without the necessity of taking fees—a fully endowed, organized and equipped hospital, if you will. Fees are the plague of a physician's life, although in the present organization of society, a necessary plague. The price of medical attendance cannot be fixed and uniform to anything like the degree that obtains with other human necessities. He who cannot afford the first cut of beef suffers no real loss or hardship from the second or third. A

skilful manager can fee himself or a household sufficiently and wholesomely at small expense. There are those among us who would be the better for taking the advice of Abernathy to the nobleman: "earn a sixpence a day and live on it." So also large expense is not needed to cover our nakedness and protect us from the weather. It is only the rich man, however, who can afford to indulge in second or third rate doctoring. Health is everything to the wage-earner and small salaried man, whose family depends on his daily returns. The poorer a man, the more he needs a good doctor. And it may safely be said that the poor in hospitals are often better attended than the rich in their "palatial residence" as the newspaper says. The poor man is often more thoroughly studied, and therefore probably more intelligently treated. In my own State I know one town where, there being no poor, the poorhouse is rented and thus brings revenue to the town. In such a community fees can be tolerably uniform. Fee tables have their use as representing the minimum which should be charged to those able to pay for attendance. It is neither for the interest of the laity nor of the profession that fees should be cut for any reason other than the inability of the patient to pay. I have heard a medical friend state with pride that he had never taken a dollar fee. This seems to me a mistake. If a patient can afford a dollar and cannot afford more, is it not wise to accept it? The self-respect of the patient is preserved and the advice is likely to be of more service.

The maximum fee seems to me unlimited, provided that it be agreed on beforehand. Unless it be so agreed on, a rich man should not be charged an unusual fee for a usual service. Lawyers are apt to gauge their fees by the amount of money involved, especially to corporations. Some of them thus receive compensation which makes our hair stand on end. They deal with definite sums of money, we with the inestimable values of life and health.

They render services which, as a whole can be measured in money, we services which very often cannot be measured by that standard. I have heard a very eminent lawyer claim great credit for the legal profession, in that no lawyer takes from any man any more than he has. Remember the injunction of Charaka not to drain the patient.

I repeat that fees are a plague. We are so often at a loss how much to charge and cannot avoid some mistakes. There is greater danger of underrating the ability of the patient to pay than there is of overvaluing our services. Then again, there is the plague of collection. It is not every bill which is settled by a check in the return mail. There are those who try to cheat—and who succeed. But it seems to me that, on the whole, people pay their just debts fairly well, and we must offset those who do so with grateful recognition with those who do so grudgingly, tardily or not at all.

Cannot we abridge the Golden Rule simply into "Let us be gentlemen."

Let us possess our souls in peace when we find that there are those who are not gentle folk, pursuing the even tenor of our way and cultivating that precious quality of equanimity, the merits of which have been so well set forth by William Osler.

Robert Louis Stevenson, who surely had the opportunity to suffer many things from many physicians, and therefore should know whereof he speaks, says: "the physician is the flower (such as it is) of our civilization; and when that stage of man is done with, and only remembered to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably anticipated the virtues of the race."

Dr. Irving C. Barnes has located at 160 East Market street for the practice of medicine and surgery. New phone 974. The usual hours, morning, afternoon and evening.

### WHY I WRITE FOR INDEPENDENT JOURNALS.

BY G. FRANK LYDSTON, CHICAGO, ILL.,  
PROFESSOR OF GENITO-URINARY SUR-  
GERY, STATE UNIVERSITY OF ILLINOIS.

(*Abstract from Texas Medical Journal for August.*)

The feature of the better class of independent journals that appeals most strongly to me is the mere fact of their independence in wearing no brand or collar. As matters medico-literary are now trending, the day is not far distant when the average practitioner of medicine will have no medium of expression, no literary representation and no literary pabulum of practical value within the comprehension of the average medical mind. Medicine is fast becoming so scientific, so turgid with "things that ain't so," or which are at least "under suspicion," that the main purpose of medicine, the healing of the sick, bids fair to be lost in the maze of laboratory experimentation and illogical deductions from mentally indigestible "facts"—scientific bricks without straw—from which none but a wizard could build an enduring fabric. What boots it to the practitioner of the crossroads that there be opsonins and opsonic indices? He has neither the technical training, the appliances nor the time to practically apply them in his daily work. Besides, who knows how soon the opsonins will be gathered to the snows of yesteryear?

I fancy I hear the ultra-scientific ones cry, "Let the practitioner of the crossroads and the hamlet hie him to the post-graduate school and cultivate—at so much a cultivate—the optic sharp I wean that sees things which are not to be seen." Let, also, the student of medicine be more thoroughly prepared in things scientific."

As to the post-graduate school, it often makes confusion worse confounded. Abdominal and other special surgeons "made while you wait"; men

who entered the mouth of the hungry P. G. school, passed immediately through its short, angeworm-like *primae viae* and promptly tumbled down the back steps with a special course certificate in their hands, have not seldom outheroed Herod—which means that where the haughty professor of the special P. G. course hath slain his dozens, some of his half-baked special students have slain their scores, aye, hundreds.

The independent medical journal meets the demand of the everyday practitioner who wants to know "what to do." The self-styled high-class medical journal—and there is really only one "high-class" journal, you know, which is climbing so high that its head looks from below very like that of a pin—often gives him a stone when he asks for bread. He seeks for light on the treatment of disease, and on looking over the menu card presented by the "most high" he finds such things as "My Last Thousand Cases of Excision of the *Calamus Scriptorius*," "My New Postural Method of Catheterizing the *Iter a tertio ad quantum ventriculum*," The Opsonic Index in the Care of the Second Bicuspid," etc., and editorials in which the mantle of dignity conceals vast intellectual abysses. In despair he turns to that cemetery in which so many fond therapeutic hopes lie blasted and buried under tons and tons of therapeutic nihilism, Osler's *Practice*—and still he finds no balm in Gilead. And then he turns to the independent journal and is consoled—which is a blessing, e'en though he be sometimes cajoled into belief in things unsubstantial. And the proof of the pudding is that thousands upon thousands of doctors buy and read the very journals upon which the "lily whites" of medical journalism frown so blackly.

The ultra-scientific one who does not overmuch believe in treatment and recognizes naught but the scalpel and hemostatic forceps sometimes marvels that any one could condescend to read, much less contribute to our independ-

ent journalistic media of medical expression. "Nothing in drugs," he wails; "send 'em to me and I'll cut 'em." He forgets that modern science has not yet conquered the lay aversion to the knife, nor the honest practitioner's belief that, after all, the knife is often a confession of our limitations and weakness. And there is much in the training of the experienced practitioner which inspires him with therapeutic hope in a vast number of ills of the flesh. By drugs he can produce anesthesia, local or general, relieve pain, produce sleep, stimulate or depress the circulation, allay nervous irritability, aid digestion, relieve constipation and hepatic torpor, produce emesis, diaphoresis and diuresis, antidote malaria and cure syphilis. What wonder that he has confidence in drugs *per se* while rather skeptical of our knowledge of them? "There must be a remedy. If I only knew"—is a brow-contracting reflection familiar to the conscientious practitioner. And so long as there are sick ones to heal so long will he search for remedies—and so long will he read and believe in the literature that offers therapeutic hope.

Apropos of the snobbish question, "Why do you write for X's journal?" I myself have something of an eye to the "medium of expression" end of medical writing. If I have anything of value to say, I fancy that it does the greatest good to the greatest number in the journal that reaches the largest number of average practitioners. Moreover, there's where it does *me* the most good—and be it remarked, I am not one of those who profess to be writing "for the good of humanity" first, last and all the time. I believe that the product of my pen which does the profession and humanity the most good, is the stuff that is most likely to do me good, and *vice versa*. The hypocrisy and conceit of the medico-literary snob with a heaven-born "message" make me seasick. The pinheaded egotist wasting midnight oil in compiling ideas—or "facts," rather, for an idea would addle his composition—

from other men's work for his message to an eagerly expectant scientific world is a spectacle for gods and men! And what shall we say of the toiling brother, primarily infertile of brain and who, dreading the pains of even the mechanical operation of literary parturition, merely affixes his name and manifold unearned titles to a compilation prepared by some poor devil of a medico-literary hack? I once heard vociferous and earnest applause at an overflowing meeting of a great medical society rendered a paper which had but one original line in it—the name of the author—and that was composed by his parents and written by his typewriter. Alas! poor literary Adam. And this is the sort of stuff that fills some of our ultra "high-class" journals to overflowing.

A special feature of the independent medical journal which commends itself to me is the possibility of individual expression in its editorial pages. Vigorous independent thought trenchantly expressed is what the medical man most needs. And the thought expressed should not always be medical dry bones. Medicine is broad. It should embrace things literary, political and sociologic. Take the editorial columns of the independent medical journals away from him, and the overworked practitioner will be in a bad way for intellectual pabulum. The editor of an official "society organ" who should venture to express himself in terms stronger than a literary milkshake couldn't hold his job for twenty-four hours. Take away editorial independence and what would the organizers of a professional monopoly or a medico-political trust have to fear? What check would there be on their system? Why, they would not meet even criticism of any degree of potency.

The leaven of consolidation, unification and trustification is working most potently. By and by the firmament of American medical literature will contain naught but a central literary sun and his satellites, the "State" journals.

The independent journal that has been the representative at court and the great educator of the medical rank and file, will be no more—and the rank and file will die of intellectual inanition, starved to death on the mental breakfast foods prepared by the great medical trust whose bat-like wings are already casting baleful shadows over the profession. The average practitioner will hunger and thirst for intellectual pabulum—and he will get the shavings and gelatine broths dispensed by the hierarchy.

The struggle of the medical babies to keep their erythematous rear elevations covered with the ethical garments inherited from our medical daddies is agitating to one's sense of humor. No use; our professional daddies didn't employ wool soap! Still less did they use good horse sense—if they had, they would have realized that the medical man is a creature of his environment and must adapt himself to it or be a social anachronism and a political nonentity.

Moral—Don't be a clam merely because the paleozoic senilesements of a dead and gone medical age were contentedly stuck in the fossiliferous mud on the shores of the ocean of progress. Let the dead past bury its dead—and bury it deep, and—let us not often open the doors of our ethical museums.

It has occurred to me that the ambition of the doctor to own and operate a medical journal is conducive to the best interests of the profession. The medical editor has in general stood for what is best in medicine. He has often gone astray, it is true, and has sometimes pandered to the proprietors of worthless or doubtful drug preparations, but on the whole the profession has benefited by the influence of the independent medical editor. He has been our watch dog in a way, and while by no means perfect—he is human, you know—has been a pretty creditable part of the body professional. Where he has made a living out of his journal he has been useful by



demonstrating a bread and butter outlet for the energies of medical men, and we have, alas! only too few such resources for physicians.

Had I ever wavered in my opinions as to the ethics of contributing to independent medical journals my faith and courage would have been restored by something I saw a few short weeks ago in a journal which the ethical ultras regard so unfavorably that they throw an autotoxic fit and roll up their eyes like a dying jack rabbit whenever they hear it mentioned. It was an article by "Saint George," of Philadelphia. And, *mirabile dictu*, it was headed by his picture! Think of it—the peerless St. George, the erstwhile *ar-biter elegans* of medical literature, slayer of ethical dragons and mastodonic hypocrites and humbugs, peerless knight of the medical ink pot, had an article and picture in a journal owned and controlled by a manufacturer of pills and "sich!" And—oh, joy! I had an article—with picture—in the same issue of that proscribed magazine.

---

#### **"A MIND THAT FOUND ITSELF."**

---

#### **An Autobiography by Clifford Whittingham Beers.**

---

REVIEW BY DR. J. A. MACDONALD, OF INDIANAPOLIS, LATE PHYSICIAN TO THE CENTRAL INDIANA HOSPITAL FOR INSANE.

---

This book is a narrative of compelling interest, a wise and for the most part a kindly criticism of existing methods in some of the insane hospitals of the country and an outline of means for their betterment.

The author has himself passed through the Valley of the Shadow, having suffered an alternating insanity, evidently maniac depression in type if one may classify from his description. The book is of great value if for no other reason than that it contains a rare account of the subjective side of a

certain class of cases which is nearly or quite inaccessible to examination. For who engaged in the study of mental disease has not spent many hours in nearly futile speculation as to what is going on behind the mask of mutism and katatonia? It is only upon long and careful observation of these cases that one may perhaps obtain the key to the mental process and avoid the very mistakes in their conduct that are referred to by Mr. Beers.

During his period of exaltation and mental hurry, the author conceived his plan of asylum reform, the details of which have been tempered and readjusted by his return to sound judgment and by his willingness to seek the best advice, a plan the author has adhered to with remarkable tenacity. In fact so zealously did he endeavor to carry out his mission that overwork at so early a period was no doubt responsible for a partial relapse. Only by a rare insight into his mental resistance and by an unusually early development of that experience in detecting danger signals, not uncommonly found in those who have recovered from mental illness, did he save himself from recurring attacks with their almost certain resulting deterioration.

A tremendous amount of hard work and investigation has been done in his studies; indeed as the author says it was even necessary for him to learn how to write a book, a task that he has accomplished successfully. His work is excellent in composition and consecutive interest, remarkably temperate and as dispassionate as can be expected. However, his information is better in regard to hospital administration than it is in the classification and pathology of mental diseases. For example, he says: "A violent ward is not a place where insane patients violently attack their keepers and fellow patients except in the rarest instances and then as a rule only after they have been goaded into a revengeful madness by unremitting cruelty." Here he evidently largely fails to take into account the

crises of paresis, epilepsy and mania, to say nothing of deliberate outbreaks of paranoics and those patients acting under delusions of persecution and self-aggrandisement. Such outbreaks do at times occur even under excellent conditions of classification, the abolition of violent wards with careful redistribution of patients and the most gentle individual supervision.

No doubt it is quite natural in view of Mr. Beers' experience and opportunity for observation that he should exhibit a certain finality in the expression of his views as to the best method of hospital reform. But this problem is being attacked along slightly different lines by others, chief among whom are certain eminent physicians. Within a few weeks a Chicago daily paper has published at length an address by Dr. Frank Billings recounting the past two years work by the Illinois Board of State Charities, of which Dr. Billings is a member. In Illinois, as everywhere, the fundamental difficulty has arisen from adverse or niggardly legislation by an uninformed or politically interested legislature. Notwithstanding legislative negligence and neglect, great advance has been made and it has been shown that physicians of intensely active professional lives are willing to sacrifice time and income to this great work. It is among those finely trained in hospital organization and whose probity and unselfishness need no scrutiny must be found the men to carry on this work.

We strongly advise that the developing of better psychiatric equipment be left in the hands of the medical profession to be organized and directed through the State Society, as each state is the unit in hospital administration. For further organization the American Medical Association is best equipped to carry on this work since in perfection of organization, in number and personnel of membership and in facilities for publication no other body in this country may be compared. This method is most logical since an im-

portant part of the new era of psychiatry must be the utilization of insane wards for thorough clinical teaching in every medical college.

The "National Committee" as proposed by the author would be without other than advisory functions and would of necessity consist in considerable part of well meaning but totally untrained and largely ornamental "representative citizens." And, since every great asylum is a community in itself the superintendent must, so long as he holds office, be in absolute authority. There will then be more perfect understanding, less lost motion and more prompt and uniform results if the advisory board or state committee be composed of thoroughly trained and experienced physicians who require a minimum of groping to obtain information.

We would, if our pen had sufficient power, add emphasis to Mr. Beers' plea for the great principle of "Non-restraint" and for the non-employment of ignorant and unsympathetic attendants through whom the great majority of instances of abuses and neglect must have been admitted. These evils will disappear entirely when enlightened legislative bodies supply as rapidly as possible sufficient funds for reconstruction of asylums which must have as a unit the small pavilion with perfect modern equipment, and then place in the hands of superintendents ample means for administration as hospitals rather than as asylums. This of course, implies the maintenance of a training school for nurses and a sufficient medical staff.

Every general hospital in a town or city of considerable size should have a detention or psychiatric department which should also admit acute mental cases from adjoining counties which can not support such wards and the State should aid in support to that extent. Admission to this department should be upon voluntary application or by a simplified short term commitment so that admission may be prompt

and without publicity. This class of borderland and acute cases is also the most valuable for clinical instruction.

It is perhaps not untimely here to sound a note with reference to the many luridly illustrated though otherwise excellent articles on almost every medical subject that are appearing in the popular periodicals. Their number and variety of subject matter has increased insidiously since a few years ago when the fashion was set by the perfectly proper campaign of publicity regarding tuberculosis and other contagious diseases. However, that was a matter vastly different from the content of some of the articles which are now encouraging an already neurotic public to further introspection. It is likely that a fuller measure of good would have resulted in the instance of this particular book if some kindly philanthropist had enabled its author to place a limited edition in the hands of the legislators and physicians of the country rather than to have placed it for popular sale upon the book stalls.

With all kindness and appreciation of Mr. Beers' work it is to be hoped that in a future edition he will entirely eliminate the chapter detailing his suicidal mental process and attempt at self-destruction. Longmans-Green & Co., New York, \$3.00.

#### **THE TREATMENT OF TRIFACIAL NEURALGIA BY MEANS OF DEEP INJECTIONS OF ALCOHOL**

BY HUGH T. PATRICK, M. D., CLINICAL PROFESSOR OF NERVOUS AND MENTAL DISEASES, NORTHWESTERN UNIVERSITY MEDICAL SCHOOL, CHICAGO. ABSTRACT BY THE AUTHOR FROM JOURNAL A. M. A.

Doctor Patrick in this article relates his experience with the use of deep alcohol injections by the external route in trifacial neuralgia as devised by Levy and Baudouin of Paris. The instrument employed is a straight needle 1.5 mm. in diameter and 10 cm. long,

fitted with a stylet like a trocar, but in this case the needle is sharp and the stylet blunt. The needle is marked in centimeters. With the stylet withdrawn the needle is pushed through skin and subcutaneous tissue; the stylet is then pushed down to make the instrument blunt and needle is inserted to proper depth. A separate route is taken for each division. The ophthalmic division is reached by inserting the needle at the external mark of the orbit and passing it along the external wall to a depth of 3.5 to 4 cm. The author has made this injection only once. For the middle branch the needle is inserted at the lower border of the zygoma 0.5 cm. behind a vertical line drawn from the posterior border of the zygoma 0.5 cm. behind a vertical line drawn from the posterior border of the orbital process of the malar bone. At a depth of 5 cm. the nerve is reached at its emergence from the foramen rotundum into the pterygo-maxillary fossa. The inferior maxillary division is reached at a depth of 4 cm. from a point at the lower border of the zygoma. The solution used is 75 per cent. alcohol to which a little chloroform and cocaine are added; at subsequent injections 85 or 90 per cent. alcohol is used.

*Uncertainties and Dangers:*..On account of variation in the conformity of the bones, particularly in the zygoma and coronoid process, one never is certain of striking the nerve at any given time. The author thinks he has missed oftener than he has struck it. This uncertainty is the only difficulty in the method, and the known dangers are few. Infection has never occurred. A few times transient abducens paralysis has been produced, and once the solution went into the orbit causing great edema of the eyelids, but no injury to the eye. No anesthetic is required. When the nerve has been reached the patient feels pain in the area of its distribution, and immediately after the injection this area has a swollen, stiff feeling and is relatively analgesic.

# INDIANA MEDICAL JOURNAL.

**ALEMBERT W. BRAYTON, M. D., Editor.**  
**THEODORE POTTER, M. D., Associate Editor.**  
**ALFRED HENRY, M. D., Gen'l Mgr. and Treas.**

## Subscription - One Dollar a Year in Advance.

The members of the profession of this State, whether subscribers or not, are especially invited to send their contributions to this Journal.

To insure prompt publication, contributions must be mailed by the 15th of each month, and should not ordinarily exceed 1,500 words.

Short practical articles, reports of society meetings, and medical news solicited.

The editor is not responsible for the opinions of contributors.

The Journal is mailed on the first of each month. Subscribers who fail to receive their journals should promptly notify the publishers.

All letters and communications relating to the scientific and literary departments of the Journal should be addressed to the editor, and all books for review, should be addressed to the manager.

All communications pertaining to the business interests of the Journal, or remittances for either subscriptions or advertisements, should be sent to the Indiana Medical Journal Publishing Co., Indianapolis.

## SEPTEMBER, 1908.

### Medical Education in the U. S.—Statistics for the College Year 1907-8.

The tabulated statistics herewith presented are for the year ending June 30, 1908, and are based on signed reports received directly from the medical colleges or from other reliable sources.

The total number of medical students in the United States for the year ending June 30, 1908, was 22,602, a decrease of 1,674 below 1907, and a decrease of 2,602 below 1906. Of the total number of students, 20,936 were in attendance at the regular schools, 891 at the homeopathic, 479 at the eclectic, 90 at the physiomedical, and 206 at the unclassified schools. The attendance at the regular schools shows a decrease of 1,367 below that of last year, of 2,180 below 1906, and of 3,183 below 1905. In the homeopathic schools there was a decrease of 148

below the attendance of 1907, of 194 below 1906, and of 213 below 1905. The eclectic schools show a decrease of 66 since 1907, of 165 below 1906, and of 99 below 1905. The physiomedical colleges had 90 this year as compared with 97 in 1907, 110 in 1906, and 114 in 1905.

The total number of graduates for the year ending on June 30, 1908, was 4,741, a decrease of 239 below 1907, of 623 below 1906, and of 859 below 1905. The number graduated from the regular schools was 4,370, or 221 less than in 1907, and 471 less than in 1906. From the homeopathic colleges there were 215 graduates, or 10 less than in 1907, and 71 less than in 1906. The eclectic colleges graduated 116, or 7 less than last year and 70 less than in 1906. The physiomedical schools had 12 graduates this year, as compared with 11 last year and 22 in 1906.

During the past year there were 835 women studying medicine, or 3.7 per cent. of all medical students. There were 185 women graduates this year. Of all the women matriculants, 186 were in attendance at the three medical colleges for women.

During the past year seven colleges have been suspended and seven lost their identity through mergers. Three new colleges were formed by the merging of others, however, and two new colleges were established, making a net decrease of nine colleges since last year, the total now being 152. The regular schools number 123, a decrease of eight since last year. The homeopathic schools number 16, a decrease of 1. The eclectic colleges have 8, the same number as last year, and the physiomedical colleges have decreased by one, there being now only 2, while there are now 3 nondescript schools which offer to teach all systems of medicine.

The length of the terms of the same colleges fluctuates somewhat from year to year, but on the whole there has been a lengthening of college terms. This has reference to the

weeks of actual work, exclusive of holidays. Only 2 colleges this year report sessions shorter than twenty-seven weeks, as compared with 6 in 1907 and 14 in 1906.

Of the 144 colleges that had graduates 96, or 66.7 per cent., are located in cities of 100,000 or greater population, and these colleges had 3,650, or 77.2 per cent. of all graduates of 1908, while the 48 schools located in cities of less than 100,000 had 1,091, or 22.8 per cent. of all graduates. In cities of less than 50,000 there are 31 medical colleges, which had 595 graduates in 1908, while 8 colleges having 144 graduates in 1908 are located in cities having less than 10,000 population.

Only two states contributed over 2,000 students each this year, these being New York with 2,116 and Pennsylvania with 2,104. Illinois, which last year contributed 2,126, contributed only 1,749 this year. The next States in the order of the number of students contributed are Missouri, 919; Ohio, 912; Texas, 874, and Massachusetts, 860. Three states had less than 20 each, these being Wyoming, 6; Nevada, 8, and New Mexico, 11.

The average proportion of graduates to matriculants each year for all colleges is 20.4 per cent., instead of 25, which shows that only about 4 out of every 5 students who matriculate continue until they graduate. In this number which do not graduate may be included those who go into other lines of activity, those who take special courses and those deceased.

The chief sources of information regarding medical colleges of the United States prior to 1890 are the invaluable reports issued under the direction of Dr. John Rauch, who was then secretary of the Illinois State Board of Health. The United States Bureau of Education's reports since 1890 have contained fairly complete lists of medical schools together with much important data. Reports of the New York Education Department likewise furnish much valuable information. Be-

ginning with and since the college session of 1900-1901, A. M. A. Jour. has been publishing complete statistics, to which, since 1905, have been added the special researches of the Council on Medical Education.

Eighteen months ago Louisville had five regular medical colleges—the Hospital College of Medicine, the Kentucky School of Medicine, the Kentucky University Medical Department, the Louisville Medical College and the University of Louisville Medical Department. A year ago the Kentucky University Medical Department merged into the University of Louisville and a little later the Louisville Medical College and the Hospital College of Medicine merged under the name of the Louisville and Hospital Medical College. Thus there remained three colleges which have since merged, retaining the name of the University of Louisville Medical Department. In an effort to have the college thus formed become the Medical Department of the Kentucky State University, a conference was held July 17 in Lexington with the trustees of the Kentucky State University. At this conference objection was made to having a medical department in any city other than the seat of the university. This is the same difficulty which came up with the universities of California, Kansas, Maine, Nebraska, North Carolina and Indiana in establishing their medical departments, as well as in the establishment of a medical department of Cornell University in New York City. In California, Kansas, Maine, Nebraska and North Carolina the problem was solved by offering the first two years of the medical course at the seat of the university and the clinical years in the largest city in each state. Cornell University adopted the plan of giving the work of the first two years both at Ithaca and at New York City, but all the clinical work was to be taken at the latter place. Indiana University followed the Cornell plan and the student may take the first

two years either at Bloomington or Indianapolis, but his clinical years must be taken at Indianapolis. In all these mergers, the results of which have been reported favorably, the advantage of having the clinical work at the largest city in the state seems to have more than offset the disadvantage of having a part or all of the medical work in a city other than the seat of the university.

#### Indiana Medical Colleges.

Indiana, population 2,710,898, has two medical colleges, the Indiana University School of Medicine, and the Physio-Medical College of Indiana. Both are located at Indianapolis, a city of 219,154 people, except that the work of the first two years of the Indiana University School of Medicine is offered at Bloomington, population 5,000 the seat of the University.

#### BLOOMINGTON AND INDIANAPOLIS.

*Indiana University School of Medicine.*—Organized in 1890, but gave only a premedical course until 1905, when all the subjects of the first two years were offered. In 1907, by union with the State College of Physicians and Surgeons, the complete course in medicine was offered. In 1908 the Indiana Medical College, which was formed in 1907 by the merger of the Medical College of Indiana (organized in 1869), the Central College of Physicians and Surgeons (organized in 1879) and the Fort Wayne College of Medicine (organized in 1879) merged into it. The faculty consists of 99 professors and 76 lecturers, associates and assistants, a total of 175. In 1910, besides a four-year high school education, one year of collegiate work will be required for admission. The work of the first two years may be taken either at Bloomington or at Indianapolis. The clinical work is all done at Indianapolis. The Secretary at Bloomington is Dr. B. D. Myers; at Indianapolis, Dr. Edmund D. Clark, Newton-Claypool Bldg. The total registration for 1907-8 was 308; graduates,

73. The next session begins September 22, 1908, and ends June 23, 1909.

*Physio-Medical College of Indiana.* Fourteenth Street and College Avenue. Organized in 1873. The first class graduated in 1874. The Dean is Dr. C. T. Bedford. The total registration for 1907-8 was 24; graduates, 5. The next session begins September 8, 1908, and ends May 4, 1909.—Journal A. M. A.

[The above is correct in the main. First, the three colleges comprising the Purdue School of Medicine merged in 1805 instead of 1907, as stated above, graduating two classes at Lafayette. Second, Purdue University is not recognized as bringing about the union of the three regular schools of Indiana.]

#### Ancon Hospital, Panama.

A letter from Dr. Nelson D. Brayton, in the Government Medical service on the Isthmus, under date of August 10, encloses a report of the laboratory work in his section of the hospital.

This section (F.) has 270 beds. There were 729 different patients admitted in July. Dr. Brayton is at present doing laboratory work.

There were 762 examinations of stools made by the Doctor with ova of *uncinaria* in 109; ova of *Trichocephalus dispar*, 37; ova of *ascaris*, 37; ova of *Bilharzia*, 2; *Amoeba coli*, 28; ciliated monads, 26; *Amoeba dysenterica*, 7; pus, blood and epithelium, 76.

There were 41 examinations of sputum with 32 negative. There were 831 examinations of urine, with albumin 461; casts, 175.

There were 738 blood examinations, with estivo-autumnal organisms in 358, and tertian in 73; mixed, 2. White blood counts 25; differential, 5. Spinal puncture and examinations, 2.

Of ophthalmo-tuberculin reactions, there were 100. The H. K. Mulford tuberculin was used; there were no bad results. The writer closes his article by saying that malaria continues to be their greatest enemy, affecting particularly the kidneys and producing

wide spread arterio-sclerosis and premature senility.

#### **Ohio Medical Colleges Unite.**

The Miami Medical College and the Medical College of Ohio have entered into an agreement with the University of Cincinnati, by the terms of which the two colleges have agreed to become the Medical Department of the University of Cincinnati. Under this agreement the new medical department is to become an integral part of the University and shall be on exactly the same basis as any other department of the University.

During the session of 1908-09 the two medical colleges will retain their autonomy, but the graduates from both colleges in 1909 shall receive their diplomas from the University.

It is further agreed that each college shall enter the University upon exactly the same footing and that all details and plans shall be so arranged as to open the session of 1909 and 1910 with but the one school, the faculty of which shall have been selected from those of the two previously existing schools, with such additions as may be deemed expedient by the Board of Directors of the University.

#### **Pure Milk for Babies in Indianapolis.**

A fund has been started in Indianapolis by the Children's Aid Association for furnishing pure milk to the needy bottle-fed babies during the summer months. This has been done only after a careful investigation proving that the rate of infant mortality in Indianapolis is higher than it should be and the standard of milk available too low.

According to the plan proposed, distributing stations in charge of trained nurses and supervised by competent physicians will be established in as many needy districts as the commission can afford. The milk distributed will be the purest available, scientifically prepared according to the needs of the child, and delivered to the station

in iced sterile bottles. They are to be sold at a nominal price or given to those found unable to pay for them.

If any infants under a physician's care, in the districts announced are not supplied with milk of a satisfactory quality, the station will be glad to co-operate by supplying milk and the services of a visiting nurse.

Stations are now open at 1753 Yandes, South, East, Norwood and South West streets in Indianapolis.

#### **The Contagious Disease Hospital for Indianapolis.**

The Indianapolis City Hospital has never had a brighter future than at present. Four years ago the County Society held a meeting in its interest. Mr. John H. Holliday, formerly editor of the *News* and always the city's highest exponent of civic righteousness, made a strong address urging that the City Hospital be taken out of politics just as the State Hospitals for Insane and the city public schools are out of politics. Such had been the hope of the medical profession for years—in fact, from the beginning of the Hospital under Dr. Woolen, forty-three years ago.

This hope, however, was for forty years little more than an iridescent dream and not the substance of things hoped for, until within the last three years when Mayor Bookwalter gave the Health Board a free hand, and did all in his power to make the City Hospital modern and efficient. A permanent superintendent has been elected; a new laundry and heating plant installed, the nurses, some forty in number, and the six house physicians decently quartered, the official residence rebuilt and steps taken to make the building safe from fire. To these ends the Health Board has spent over \$150,000, and the cost of maintenance has been increased to over one dollar a day, which is little enough for decency and humanity.

The present effort of the Board is to establish a Contagious Disease Hos-

pital separate from the main building with wards for erysipelas, scarlet fever, diphtheria and other diseases requiring isolation. The smallpox hospital is on a plat of fifteen acres on the banks of Fall Creek far from residences. It is in good order and has had from two to twenty occupants each day for the year past. By the use of this isolation hospital and vaccination of all exposed in those parts of the city where smallpox was found, the disease—mild in its form—is controlled; all are recent arrivals to the city, mostly from Kentucky, and children born since the universal vaccination of eight years ago. There is no compulsory vaccination in the city. Children unvaccinated attend the schools—frequently with smallpox mistaken for chickenpox.

A recent epidemic of scarlet fever in the City Orphans' Home, some 16 or 20 cases, has intensified the interest in a contagious disease hospital to cost \$60,000, and separate from the City Hospital, but on the same grounds. This movement has been supported by the medical society, all of the newspapers and the Mayor. The City Council has not as yet issued the necessary bonds, but has left the ordinance sleeping in committee for nearly a year. In middle August the ordinance was brought up but failed to pass as it was vigorously opposed by Mr. Harry E. Royce, Chairman of the Finance Committee, whose speech of two columns against the measure was printed as a paid advertisement in the *Indianapolis News* at a cost to Mr. Royce or the City Council of over \$75.

There is little doubt that the Council will yield and make the required appropriation, as every voice and influence in the city demands the hospital. The Board of Health, Dr Edmund Clark, chairman, Drs. Spencer, Morrison and Noble, members, have the entire confidence of the physicians and people of the city, and while they are in charge the City Hospital will be run as it should be or it will be closed.

No half-way measures will be tolerated by the present Board of City Health, and they have the entire city back of them in their efforts to make the City Hospital as safe, as comfortable and as modern as the needs of a great city like Indianapolis requires and demands.

The opposition of the Council to the Health Board is simply a renewal of the old fight to keep the hospital out of politics. The course of the Council furnishes an admirable text for opera bouffe. We may smile at its absurdities but at the same time must grieve at its tragedies of wide-spread disease and death.

In some of our central western cities the Council has been coerced into righteousness by a display of ropes and threats of violence. Happily Indianapolis citizens have never resorted to violence. The City Commercial Club has taken the matter up with the City Health Board and City Council, and there is every probability that the Council will yield and leave the management of the hospital to the Board of Health.

---

#### **Sanitary Association Organization.**

The Indiana Sanitary and Water Supply Association, affiliated with the State Board of Health, was organized July 18 at Indianapolis by superintendents of water works, water chemists, health officers and members of the State Board of Health. H. E. Barnard, state water commissioner, was elected president, and Frank Jordan of the Indianapolis Water Company, secretary. The purpose of the organization is to study the source of the public water supplies, their preservation, conservation and purification, and to work for advanced legislation looking to that end.

---

#### **American Public Health Association at Winnepeg.**

Drs. Hurty and Wishard attended the meeting, April 25 to 28, representing the Indiana State Board of Health



as President and Secretary, respectively. Dr. Hurty is President of the section on Vital Statistics. Eight of eleven papers were from the United States. There were five papers on the International Classification. Dr. Hurty will present a report of the meeting to the Indianapolis Medical Society at its first Autumn meeting.

The city has a population of 125,000, a growth of thirty-five years, and is one of the most progressive and interesting cities in North America.

### PERSONAL.

#### Notes of Local Physicians.

*Vacations.* Dr. F. B. Wynn and son, Colorado mountain climbing. Dr. E. C. Reyer on the northern lakes with his family. Dr. H. C. Parker, pleasure trip to Maine. Dr. J. L. Masters and family at Maxinkuckee. Dr. S. E. Crosse and Dr. S. E. Earp in northern Michigan. Dr. and Mrs. T. B. Eastman and son in their touring car to Maine. Drs. T. B. Noble and Garshwiler bass fishing in Canada. Dr. and Mrs. Eugene Buehler and Dr. and Mrs. John Hurty at Am. Public Health Association at Winnipeg. Drs. Chas. R. Sowder and John F. Barnhill, August 10th to September 2d, London and Berlin. Dr. R. O. McAlexander returns from Berlin after three months stay by way of Montreal. Dr. Simon P. Scherer is in the east. Dr. and Mrs. E. F. Hodges at Cavendish, Vermont, in their new country seat.

There are a hundred others scattered over the world from Pordunk to Limerick, but they will be back in time for their fall duties. And a few stayed at home and enjoyed themselves.

*Removals.* Drs. Clevenger, Langdon and Voyles to the top floor in the Newton Claypool Building. Dr. Frank W. Foxworthy to the Board of Trade Building. Drs. T. C. Hood and Wm. Shimer to the Willoughby Building. Dr. Theodore Wagner to suite 1001-2-3 Odd Fellows Building.

Dr. H. R. McKinstry has moved his office to the Willoughby Building, 224

North Meridian street, Rooms 44-45. Office phone, New 944; residence phones, New 7627; Old, North 2618. Office hours: 11 to 12 a. m.; 3 to 5 p. m.; evenings 7 to 8; Sundays, 3 to 4.

#### Deaths of Physicians.

*Dr. W. T. Williamson* of Fort Branch, July 22, in his 64th year. Died of carbuncle on the neck. He was a member of the Gibson County and State Societies.

*Dr. J. C. F. Thorne*, born 1883, died in Kokomo, May 24th, from street car injury of 1905.

*Dr. F. M. Black* of Greencastle, Winona Medical College 1871, died July 18, of gastro-enteritis, aged 67 years.

*Dr. Noble P. Howard* of Greenfield, Ind., died May, 26th, of pneumonia.

#### Death of Dr. Eichberg.

Tupper Lake, N. Y., Aug. 18.—Dr. Joseph Eichberg, of Cincinnati, was drowned in Big Tupper Lake. A party including Dr. Eichberg, his brother-in-law, Mr. Kuhn, and John Champney, a guide, was fishing. In trying to land a large pickerel the boat was capsized. Dr. Eichberg could not swim and sank immediately. Mr. Kuhn held on to the boat. The guide dived twice and got hold of the doctor, but was forced to let go to save himself.

Dr. Eichberg was graduated from the Miami Medical College in 1879, and has until the time of his death been connected with that college as a teacher of medicine. He gave freely of his time and money to increase its influence and prestige. He was also a member of the Cincinnati Hospital staff.

Dr. Eichberg was an eloquent speaker, and his papers presented before the Cincinnati Academy of Medicine were always the occasion of a large attendance. He was an active member of the Ohio State and American Medical Associations. He had a large practice, due to his great skill as an internist and diagnostician.

**Dr. Charles A. L. Reed.**

At an informal dinner tendered Dr. Chas. A. L. Reed, by 150 friends and admirers at the Zoo, Cincinnati, July 15, his candidacy was formally launched for the high office of United States Senator from Ohio to succeed Jos. B. Foraker. It was a representative gathering, composed of doctors, lawyers, ministers, business men—in fact, every calling was represented. The enthusiasm and hearty good fellowship that pervaded the gathering was a fine tribute to Dr. Reed, and augurs well for the future.

**Dr. Sharp Resigns.**

Jeffersonville, Ind., August 5.—Dr. Harry C. Sharp today tendered his resignation as physician at the Indiana Reformatory to W. H. Whittaker, general superintendent, effective October 1, or sooner if a successor can be found. The cause of resignation is a desire to look after his private practice, as Dr. Sharp says that a physician must give his entire time and thought to the institution. He also says that the experience in the medical and surgical departments is invaluable. Dr. Sharp has been physician for thirteen years, with a salary of \$2,000 a year.

**Memoir of Dr. J. H. Crouse.**

Jerome H. Crouse, born in Dayton, Ind., December 30, 1843, died June 16, 1908. He was the son of David H. and Rachel Gelwick Crouse. When a young man he attended Wabash College but left that institution at the age of eighteen to enlist in the Tenth Indiana Light Artillery under Captain J. B. Cox, in which battery he served until honorably discharged, February 1, 1865. He served in the battles of Pittsburgh Landing, Stone River, Chickamauga, Corinth and in the Atlanta Campaign. After the war he entered Rush Medical College and graduated in 1867, and took a special

course in lectures in Jefferson Medical College, Philadelphia, in 1868. He then located at Dayton, Ind., and practiced medicine continuously in that place until the time of his last illness. He was an elder in the Dayton Presbyterian and an active worker in that church. He was a charter member of Dayton Lodge 758, I. O. O. F., and of Elliott Post 160 G. A. R. He was a Past Master of Dayton Lodge 103 F. & A. M., and had attained to the 32d degree of Masonry. He was married on October 6, 1868, to Sophia Bartmess, who died in March, 1869. Dr. Crouse was again married to Lena Nicely in March, 1894, who died in 1900. He has one son living, David H., aged 13.

Dr. Crouse was a man of strong character and active in all religious and political work. To his intimate associates and friends he was a friend in need and deed and his finer qualities were made known only through close association. As a physician he was skilled and learned, with his father he practiced in the early years and his main school of learning was the rugged and rough experience of pioneer practice. He was conscientious in his work and left no stone unturned that would better his ability and prolong the lives of his patients.

He himself fought a gallant fight against death, having been the victim of an incurable malady for seven years.

But perhaps it still is better that his busy life is done:

He has seen old views and patients disappearing one by one:

He has learned that Death is master both of Science and of Art:

He has done his duty fairly and has acted out his part.

And the strong, old country doctor,  
And the kind old country doctor,  
Is entitled to a furlough, for his brain  
and for his heart.

—W. F. McBRIDE,

## MISCELLANY.

**Dr. John L. Richmond—His Caeserean Section.**

July 30, 1908.

Dr. Otto Juettner, 628 Elm St., Cincinnati, Ohio.

My Dear Dr. Juettner: Dr. A. W. Brayton, of this city, editor of the Indiana Medical Journal, has handed me a copy of a letter of inquiry which you have written in reference to Dr. John L. Richmond, who in 1829 while practicing in Newton, Ohio, performed the first Caeserean section in the west and possibly the first in the United States.

I note that you say that Dr. Richmond moved to Indiana in 1831, and there all trace of him was lost. In compliance with your request for information for use in a History of Medicine in Cincinnati, I have to-day obtained the following facts from my father, Dr. W. H. Wishard, of this city, now in his 93d year.

My father tells me that he knew Dr. John Richmond slightly, but that he knew his son, Dr. Corydon Richmond, quite intimately. Father says that when Dr. Richmond came from Cincinnati into Indiana he settled at Pendleton, Indiana, which is some twenty miles east of Indianapolis. He practiced in Cincinnati from 1826 until the year of the cholera in that city, from which he suffered, and then removed to Indiana. Dr. Richmond was a Baptist minister as well as a physician, and as I understand from my father, Dr. Richmond practiced medicine and also preached the Gospel while living at Pendleton. He remained at Pendleton for a short time after moving to Indiana when he removed to Indianapolis, and accepted the pastorate of the First Baptist Church of this city, and while preaching for this church he also engaged in the practice of medicine. He evidently soon became quite popular as a physician, as my father tells me that Dr. Richmond's growing practice compelled him to resign as pastor of

the First Baptist Church and to devote his entire time to the practice of medicine. He formed a partnership with the late Dr. Geo. W. Mears, of this city (father of Dr. J. Ewing Mears, now of Philadelphia).

After a short time Dr. Richmond's son, Dr. Corydon Richmond, entered the practice with them and the firm was known as Richmond, Mears and Richmond. While practicing here Dr. John L. Richmond had a stroke of apoplexy, which compelled him to retire from the practice of medicine, and his son-in-law, Mr. John Henderson, came to Indianapolis and took the doctor and his wife to his own home at Covington, Indiana. Dr. Richmond shortly afterwards died at Covington and was buried there, as did also his wife. A few years later his son-in-law, Mr. Henderson, moved to Lafayette, Indiana, and removed the bodies of Dr. Richmond and his wife to Lafayette, where they were re-interred and where their remains still rest. Father says that he learned most of the facts in reference to Dr. John L. Richmond from Dr. Corydon Richmond, his son, who died at Kokomo, Indiana, a year or two since.

Father tells me that Dr. Richmond was called to attend a young woman in or near Newtown, Ohio, who was about to become the mother of an ill-nized that normal delivery could not gitimate child. Upon examination he found a deformed pelvis, and recog- occur, and announced that the only hope of saving the mother or child was to do a Caesarian section. This he did at night, assisted by some neighbor women, who held candles to give light for him to see to operate. This was long before the day of anaesthetics, and the only instruments available on this occasion were those contained in a small pocket case which the doctor happened to have with him. The mother lived, but the child was dead or died immediately after delivery. The case was reported in the Cincinnati Journal of Medicine and Dr. Richmond was

sharply criticised for performing the operation.

Father states that Dr. Richmond's education before he began the practice of medicine was exceedingly meagre and limited to a few weeks in a local school in the State of New York, where he lived before coming to Ohio.

The entire family moved to Cincinnati, drifting from Pittsburg, and going from there by flat-boat. His mother, who seems to have been a woman of some education, gave him private instruction which was given while he had was working in a coal mine to obtain his living. On reaching Cincinnati and while quite a young man he determined to continue the study of medicine, which he had commenced with a neighboring physician in New York. Having practically no education whatever, he was greatly handicapped, and an additional handicap was the fact that he had absolutely no means with which to buy clothes and books, and to pay his board and tuition. He succeeded in getting a position as assistant janitor in the Ohio Medical College and thus worked his way through school.

Father states that he met Dr. Richmond when the latter was called to see a young man in the neighborhood a few miles south of Indianapolis, where my father was then living, and before the latter had entered the practice of medicine. The patient was suffering from an accidental gun-shot wound in the lower part of the abdomen. My father says that he heard Dr. Richmond ask a member of the patient's family if the patient had urinated in the interval between the receipt of the injury and the arrival of the doctor.

Dr. Richmond was told that the patient had passed some urine which was quite bloody, and he promptly told the family that there was little hope for recovery, and my father's youthful mind was much impressed with the accuracy of the diagnosis and prognosis. Quite a full account of Dr. John L.

Richmond's career may be found in the Indiana Medical Journal of January, 1893, in a paper by Dr. W. H. Wishard, entitled "Medical Men and Medical Practice in the Early Days of Indianapolis." The paper was read before the Marion County Medical Society December 6, 1892. The paper covers the first fifteen years of the early settlement of the city; that is, from 1821 to 1836, and gives the history of ten leading physicians.

If the foregoing is not sufficiently ample, I can furnish you additional facts.

Respectfully yours,

(Signed) W. N. WISHARD,  
Indianapolis.

#### Deaths in Indiana in 1907 Were 26461.

The deaths in Indiana in 1907 have just been classified by the international system. This work, which was done by the State Board of Health, shows the number of deaths which came from various causes during the year ending December 31 last. Some of the general diseases and epidemics which caused the greatest number of deaths were typhoid fever, 933, and influenza, 666. Of course, tuberculosis of all forms comes under the heading of "general diseases." Tuberculosis caused 4,522 deaths. Of this number, 3,837 were due to tuberculosis of the lungs. Abdominal tuberculosis caused 341 deaths. Cancer, also classified under the head of general diseases, caused 1,513 deaths. Cancer and other malignant tumors of the stomach and liver caused 591 deaths.

Under the head of diseases of the nervous system and organs of special sense, congestion and hemorrhage of the brain leads with 1,559 deaths. Softening of the brain caused 112 deaths. Simple meningitis took 384 lives. Diseases of the eye caused 1 death, and diseases of the ear were the cause of the loss of 18 lives.

HEART TROUBLE ENDED 2,766 LIVES.

In the class of diseases of the circulatory system, organic diseases of the heart stand at the head of the list,

the number of deaths from this cause being 2,766. Pneumonia led among the diseases of the respiratory system, the number of deaths from this cause being 2,353. Congestion and apoplexy of the lungs caused 264 deaths, and broncho-pneumonia was responsible for 585. Diseases of the thyroid body caused 4 deaths.

In the class of diseases of the digestive system, diarrhea and enteritis stood at the head of the list, with 1,620 deaths of those under two years old and 586 deaths or persons over two years old. Diseases of the stomach, cancer excepted, caused 542 deaths. Simple peritonitis caused 222 deaths.

Bright's disease was the cause of 1,644 deaths. Diseases of the skin and cellular tissues caused 164 deaths during the year. Of this number gangrene was responsible for 115. Thirty-seven deaths were due to diseases of the locomotor system. Non-tuberculosis diseases of the bones caused 33 deaths. Senile debility was the cause of 1,090 deaths.

#### ONE SUICIDE EVERY DAY SAVE FOUR.

By the international system, deaths are classified into those due to diseases and those due to external causes. Under "external causes" come suicides and accidents. The numbers of suicides was 361. Poisoning was the favorite method, being used in 163 cases. Railroad accidents and injuries headed the list under "accidents," the number of deaths from this cause being 508. Injuries by horses and vehicles caused 80 deaths. Accidental gunshot wounds caused 46. Absorption of deleterious gases (nonsuicidal) caused 21 deaths.

The total number of deaths from all sources in the State during the year was 36,461.

#### Doctors Properly Rebuked.

To The Indianapolis Star:

In Tuesday's issue of The Star, I noticed an article from Princeton, Ind., to the effect that the local medical society had unanimously agreed to ask

the City Council to pass an ordinance muzzling all dogs the year round.

How a body of medical men could ask the passage of such an ordinance without a dissenting voice is beyond my comprehension. Had a society of farmers whose flocks had been invaded by dogs met and while in the heat of passion asked for such an ordinance there might possibly be some excuse for their action, but I can see no reason why a body of medical men should go to such an extreme.

I am not writing this as a reflection on the intelligence of this medical society, as no doubt it is made up of intelligent physicians who feel that their whole duty is to relieve suffering humanity, but they must fail to realize that the rest of God's creatures are entitled to a share of their good intentions. I have been a practicing physician for thirty-five years among families the most of whom owned from one to six or more dogs, and during this time I never have treated or seen a case of rabies, and in conversation with other physicians I never have found one that had actually seen a case of it; so we must conclude that the disease is extremely rare. I wish I could know how many of the physicians that voted to "muzzle the dogs" have ever seen a case of rabies.

Suppose we had a national law muzzling all dogs the year round. Think of the untold suffering there would be to these poor dumb animals. Would the medical fraternity wish to be responsible for it? Better ask for a law to prohibit the breeding or owning of a dog, for I hardly think anyone would desire to own a dog and have him wear a muzzle 365 days in the year. I am not the owner of a dog and have not owned one for a number of years, but I am in favor of putting the muzzle on any medical society that will advocate an ordinance so inhuman as this law would be.

JACOB D. HAYNIE, M. D.

Richmond, Ind., August 6, 1908.

**The State College Hospital.****The State College Hospital.**

This hospital is located at 210 N. Senate Ave., Indianapolis, Ind.

There are 70 beds under the control of the Indiana University School of Medicine.

The services of the clinical teachers of the faculty are rendered gratuitously to those patients available for clinical instruction.

An obstetrical ward, and male and female medical and surgical wards, at \$6.00 per bed per week. An operating room fee of \$5.00 is charged for surgical cases.

Each community has surgical, obscure medical, and obstetrical cases who are unable to pay for regular hospital fees and medical service. These are the patients to whom we are offering the advantages of our wards, but this hospital is not the place for chronic cases or incurables.

Physicians may refer cases to any member of the hospital committee. Private rooms may be secured at \$10 to \$20 per week. Patients who can afford private rooms should not be referred to the wards. The hospital committee comprises Drs. Charles R. Sowder, Edmund D. Clark, David L. Kahn, Albert C. Kimberlin and E. Oscar Lindemuth.

---

**A Ghost Story.**

Dr. Joseph McDowell, founder of the McDowell Medical College in St. Louis, and a firm believer in ghosts, tells an interesting story:

"A German girl died with a very unusual disease, and we determined to get her body for dissection. We got it. Germans heard of it and made things lively, and I heard they were coming that night to search for the body. I went down to hide it and threw it over my shoulder to carry it to the top loft to conceal it in the rafters. At the top of the first flight, out went my lamp. I put down the corpse and re-lit it. Out again, and as I felt for another match I saw my dead mother standing

a little way off and beckoning to me. I followed to the loft, hid the body and came down in the dark. At the window where my mother had appeared were two armed Germans, talking, and when I got to the dissecting room door I saw six more down in the hall. My only chance of hiding was in the dissecting room. Opening the door as the Germans came upstairs, I saw my mother standing by the table from which I had taken the corpse. I had no light, but light came from her. I lay down and covered my face with the sheet and the men came in. They uncovered four bodies and came to me. I thought of jumping up and scaring them, but heard a voice say, 'Be still. be still.' They were looking for a girl, and my feet were sticking out at the end of the table. Here's a fellow who died in his boots; I guess he is a fresh one,' said a German; and they did not even uncover my face, but left the house."—(Excerpt from "The Barred Road to Anatomy," by Howard A. Kelley, M. D., Johns Hopkins Hospital Bulletin.)

---

**The Religion of a Democrat.**

Prof. Charles Zueblins's "The Religion of a Democrat," is full of suggestion. Evidently written as a series of lectures, it contains enough "popular" material to make it interesting to any reader. To one already profoundly interested in religion and democracy, his book will make a strong appeal. His first chapter is on the expression of man's relation to the universal ultimate and infinite. However religions may differ, they are comprehended in this relation, and whatever seeks this expression is religion. This conception may answer at once the demand for the greater common religious denominator, and the criticism that religion will perish with theology. The religion of an individual is the chief test of personality. With the revolutions and changes that have followed the contributions of science, with the enlarged critical attitude, and the pos-

sibility of fusing various temperaments, more people should have genuine, strong personalities than ever before in the world. This ought not to mean the denial of religion, but that religion is to be less dogmatic, more spontaneous, more personal, at the same time more social. It is good to live for others; it is better to live for all the others. This is the religion of a democrat—the dynamic to secure the realization of the fulness of life for all people.

In "The Constraint of Orthodoxy," he says, "Orthodoxy is a less intense temperamental expression than conformity. Orthodoxy tends to emphasize nonessentials. Orthodoxy being correct ideas sanctioned by some accepted authority, it naturally governs not only religious faith, but social, political and economic beliefs." So we may speak of religious orthodoxy as devotion, social orthodoxy as convention, political orthodoxy as loyalty, economic orthodoxy as class consciousness. As to the decay of authority, he observes that it is not complete. Authority is still tenacious of its power and it is not desirable that it should utterly decay. He then traces the noticeable decline in personal authority, economic and political authority. Each is being shorn of its traditional power, and, social authority must go the same way. It is equally inevitable that the privilege of private investigation should lead ultimately to the destruction of the authority of both church and book. The authority of the old theology, of the church, of the Christ cult (devised by Luther and Calvin from Paul) has waned; but the moral power of the unsullied life of Jesus is an increasing vital force. The new authority must be that of the spirit—the spirituality of comradeship, of co-operation, of universal suffrage and direct legislation, of democratic culture and democratic religion. Upon this living law will be built the church of democracy.

Professor Zueblin's chapters on reli-

gion and the church, and religion and the state are luminous. They may shock some people by their frank proposals and propositions, but they are refreshing in their clearness and sanity. His discussion of the use of the day of rest for the workers is most interesting. The bad art of to-day is largely commercial, and the church by its prudery and puritanism has degraded the best art. He would have all the best influences of society, schools, theaters, music and art, open to the people on Sunday. "Democratize morality; democratize knowledge; democratize taste; and secure the synthesis of these, reconciling the sacred and the secular, by democratizing Sunday!" Every extension of the intellectual horizon is fertile in new religious movements. Emotional temperaments are caught by soul-satisfying sects; the exaggeration of rationalism produces secularism and new thought. The sounder basis furnished by a knowledge of human needs has produced positivism, the worship of humanity; and socialism, the organization of humanity.

That last chapter concerns Impersonal Immortality. The incorporation of the idea in a personality accounts for the power of the belief in personal immortality. It is natural to cling to a belief in a future world peopled by personalities such as we know. Impersonal immortality is the perpetuation of oneself through the individuals, the institutions and the ideas of years to come. Impersonal immortality furnishes a motive power more unselfish and more inspiring than any system of eternal rewards and punishments. It makes possible the conception that one may overcome evil with good. It enlarges the boundaries of the spiritual life. The attainment of the fulness of life by the individual here and now is the best promise of its wider enjoyment by a coming generation.

There is much inspiration and interest in Professor Zueblin's book. Whether it confirms one's own opinions, or shocks the reader by its un-

conventional views, it is refreshing to find a book so full of human sympathy, or rational investigation, and genuinely religious spirit. (New York: B. W. Huebsch.)

#### Culture by Reading.

Culture comes to us mainly through literature; that is, by reading, for only by reading can we get a knowledge of the best that has been thought and said and done in the world, and so become possessed of that wisdom and justness of perception which is needed to draw right conclusions, and so guide and develop the instinct for beauty inherent in our natures, and so enabled to lead lives of hope, courage and cheerfulness as well as of veracity and righteousness. Let any man use the time he wastes on his vices if he have them, on useless business, deteriorating amusements, trivial conversation and random reading, and he will have plenty of time for good books—that is, for culture.

#### Yale Student's Long Walk.

Chicago, Aug. 13.—Leading twenty-three companions by over one hundred miles, Robert Harriman, a Yale student, whose home is in New York City, finished a long walk of 1,100 miles from Montreal, Canada, last night at the Central Y. M. C. A., where he applied to Secretary Chase for a room and bath.

Harriman, according to the story credited by the local Y. M. C. A. officials, left Montreal on July 16 on a walk of 2,500 miles to prove the qualities of certain diets and their effects on an athlete in an endurance test. These twenty-four men were divided into sections of eight men, the first to go through the entire trip on a vegetarian diet, the second on a meat diet and the third given to a combination diet. Harriman was of the third division.

The plan, according to Harriman, was formulated by officials of McGill University, at Montreal, working in

co-operation with several American universities. The trip is from Montreal to Chicago and thence to New York. When the entire twenty-four reach Chicago the journey will be continued to New York, where the race will come to an end.

#### Not 3:30 But Four.

New York, June 12.—When Abram Golofsky returned to his farmhouse near Troy Hills, N. J., yesterday the doctor met him at the door.

"Four," said the doctor.

"No," replied Golofsky. "It's only 3:30."

"Four fine boys this time," said the doctor, breaking it gently.

"Merciful gracious," exclaimed the farmer, dropping into a chair.

It was true. Mrs. Golofsky had presented her husband with four tokens of her affection. The four boys weighed altogether sixteen pounds four ounces, and are perfectly formed, have well-developed lungs and good appetites. Golofsky is forty years old; his wife is thirty-two. Here's the record: Married April 5, 1892; twins March 22, 1893; one was born 1894; twins 1895; triplets 1896; twins 1897; twins 1898; twins 1899; one 1900; one 1901; twins 1902; one each year 1903, 1904, 1905; triplets 1906; twins 1907; quadruplets June 10, 1908. Total, thirty in fifteen years, of whom fourteen are living. (In lieu of the summer snake and fish stories.)

#### "How Near is Greatness to Our Dust."

New York, Aug. 14.—Dr. David Coombs Peyton, of Jeffersonville, Ind., president of the Indiana State Medical Association, got a hair cut in the Hoffman House today. Dr. Peyton also said to the barber:

"You need not shave my upper lip today; I'm going to grow a mustache."

Then Dr. Peyton got into a close-fitting cab, and, notwithstanding the heat, pulled down the curtains and told the



driver to break all records driving to the nearest railroad station.

Once Dr. Peyton thought it was a joke because he is a remarkable double of W. J. Bryan, but after being routed out of a New Haven train coming from Boston to New York at midnight, pushed to the back platform, cheered and asked to deliver a speech, Dr. Peyton thought it was time to change his looks.

Dr. Peyton would not have worried so much over the loss of sleep, but today he was caught in the Cafe Martin and a score of men insisted on shaking hands with him. During the excitement Dr. Peyton lost a watch fob, and that was too much, hence the hair cut and a new mustache.—Press Dispatch.

Tread lightly; don't you know?

You can hear his whiskers grow.

---

#### **The General Practitioner—He Must Stand at the Top.**

"Is there any room left for the general practitioner?" asks a writer in the August *Charlotte Medical Journal*. He mentions the various specialties, all of which encroach upon his preserves—the "dermatologist, the aurist, rhinologist, gynecologist, stomatologist, genito-urinary specialist, abdominal surgeon, naval surgeon, general surgeon, tuberculosis specialists, specialists on diseases of the eye, ear, nose, throat and chest, obstetrician, pediatric, alienist, ophthalmologist, psychiatrist, chiropodist, habit cure specialist, osteopath." The remedy in this day of specialism is to become more conversant with the science of medicine. The general practitioner has lost his self-reliance. He frequently feels his inability to cope with a serious disease, and not possessing self-confidence how can he convey it to others? He needs must study and visit clinics and hospitals and laboratories, take advantage of every opportunity to become truly conversant with the science of medicine. Above all, he must learn how to recognize the disease. To do this effectually he must be in possession of

every arm of precision, and know how to employ all modern methods to make a safe diagnosis. He must then know how to use the specialist for his own purposes, not to be used by him. The general practitioner will then be more secure in his place than ever before in history.—*Lancet-Cline*.

---

#### **Twelve Cases of Typhoid Traced to Milk in Indianapolis.**

Dr. Eugene Buehler, secretary of the City Board of Health said, August 13th, that the health officers had traced twelve cases of typhoid fever in the southeastern part of the city to the milk sold by one dairyman on his route. "It is likely," said Dr. Buehler, "that this dairyman gathered milk bottles from a residence in which there was a case of typhoid fever and that he did not sterilize the bottles before refilling them and delivering them to other customers.

"I wish to warn all dairymen not to take bottles from a house in which there is a case of typhoid fever. It is a violation of the law and we will prosecute any dairyman found doing this. We also warn persons in families where there is a typhoid case not to allow dairymen to remove milk bottles from the house. A milk bottle is one of the easiest means of spreading typhoid. The dairymen, who merely washes his bottles and does not scald them well or sterilize them before refilling them, is sure to spread the disease if he takes bottles from an infected house. I wish, also, that dairymen would inquire at this department for a list of typhoid patients on their routes, and in that way they can avoid trouble."

---

#### **Neuronhurst Hospital, Founder's Day and Nurses' School Commencement.**

Founder's day and commencement were celebrated last night on the lawn at Fletcher's Sanatorium, 1140 East Market street. Seven nurses were graduated and a number of the city's best known physicians gave short talks

in which Dr. W. B. Fletcher was affectionately remembered. The sanitarium and grounds were decorated with Japanese lanterns. After the commencement exercises a dance was held on the gymnasium floor.

The Founder's day address was delivered by Dr. Guido Bell, who said August 18 was celebrated as Founder's day because it was the birthday of Dr. W. B. Fletcher, who was born on that date, 1837. Other speakers were Dr. Theodore A. Wagner and Dr. John Sutcliffe. Dr. Wagner spoke of Dr. Fletcher as the first to do away with the straightjacket and other instruments of torture in the treatment of insanity, and declared that the step marked an epoch in the treatment of nervous diseases. Dr. E. E. Padgett delivered the class address. Dr. Urbana Spink presented the diplomas, and Dr. Mary A. Spink the pins. These were graduated: Luella Schlosser, Blanche P. Bell, Ivah M. Hill, Margaret E. McGrath, Mazy De Vertrand and John J. Lynch.

#### **The International Congress of Tuberculosis Washington, D. C.**

DR. JOHN S. FULTON, SECRETARY-GENERAL  
714 COLORADO BUILDING, WASHINGTON.

The section meetings will take place the week beginning September 28, and the exhibition will continue for the entire three weeks, from September 21 to October 12.

The program for the week includes two plenary sessions, one on Monday, September 28, at which it is hoped that President Roosevelt will preside; and the other (probably) on Saturday, October 3. In accepting the presidency of the Congress, President Roosevelt promised that if it were impossible for him to preside at the general sessions he would delegate Secretary Cortelyou to present him. Each of the seven sections into which the Congress is divided will hold two sessions daily, except on the days on which the plenary sessions will take place. The provisional programs for the sections,

with the exception of that of Section 1, are to be found in the page proof.

In connection with the Congress a series of lectures is to be given in Washington, and in other cities by distinguished foreigners.

#### **Disease and Death in Indiana in July.**

The State Board of Health Bulletin for July says: Diarrhoea was reported as the most prevalent disease followed by cholera morbus, dysentery, and cholera infantum. It was predicted in the bulletin of the preceding month that diarrhoeal diseases would lead the list in July. As soon as the people learn to take proper sanitary care of all foods including water, they will be much freer from diarrhoeal diseases.

*Smallpox*—Presented 65 cases in 13 counties with no deaths. In the corresponding month last year, 74 cases in 21 counties with no deaths. The disease existed unusually in Clark county, 10 cases; Marion, 28; and St. Joseph, 11.

*Tuberculosis*—This disease wrought its usual havoc causing 339 deaths, 134 males and 205 females. Of the males, 26 were married in the age period of 18 to 40 and left 52 orphans under 12 years of age. Of the females, 70 were married in the same age period and left 140 orphans under 12 years of age. This awful disease, therefore, put 96 young fathers and mothers in the grave and made 192 orphans.

*Pneumonia*—Caused 60 deaths, 35 males and 25 females. 12 infants under one year of age died from pneumonia and one person over 90 years of age. In the corresponding month last year pneumonia caused 84 deaths.

Of typhoid fever there were 207 cases reported in 53 counties with 58 deaths. In the corresponding month last year, 312 cases in 64 counties with 53 deaths. The amount of typhoid fever a community has is a measure of its intelligence and cleanliness.

Violence caused 207 deaths, 159 males and 48 females. Of this number,

10 were murders, 7 males and 3 females. 26 were suicides, 23 males and 3 females. 171 were accidents, 129 males and 42 females. Of the murders, 7 were by gunshots, 2 by cutting and one by drowning. Of the suicides, 12 were by gunshots, 2 by hanging, 3 by drowning, 6 by carbolic acid, 2 by strychnia, and 2 by railroad trains. Of the accidental deaths by violence, 45 were by steam railroads, 2 by trolley lines, 5 by gunshots, 11 by burns and scalds, 28 by drowning, 7 by lightning, 12 by horses and vehicles, 9 by sun stroke, 17 by falls, 6 by asphyxiation and suffocation, 2 by carbolic acid and the remainder by various means.

#### **Marriage from a Medical Viewpoint.**

Charles Green Cumston of Boston, Mass., divides the discussion of marriage into two questions, first, health in the immediate physical relationship, and, second, the health of husband and wife from the standpoint of heredity. Tuberculosis, neuroses, gonococcal infection, chlorosis, dyspepsia, and sexual perversions are troubles in which improvement may or may not result from married life. Precocious marriage is not desirable because the excessive sexual relation is not beneficial to the husband and wife, not yet developed and confirmed in physical health. It predisposes to medullary disease. In tuberculous subjects in whom the disease is advancing rapidly marriage is contraindicated, but in slow and chronic cases it may be of benefit by the regulation of life and the congenial atmosphere obtained. Pregnancy is always to be avoided on account of the drain on the mother's system. Marriage of neurotics has more influence than the case of any other affection. In neurasthenia, melancholia, and mental disturbances due to fatigue improvement may be expected from marriage. Latent hysteria is not a contraindication to marriage. Gonorrhea is a source of the

greatest injury to the wife.—*Medical Record*, August 22, 1908.

#### **Soap Bubble Fountain.**

New York, August 22.—One of the most novel and fascinating sights among all the fascinations of the Franco-British exhibition is the soap bubble fountain in the British Hall of Textile and Chemical Industries.

The fountain consists of a double basin surmounted by a graceful figure; concealed under the base is an electric motor, air blast and pump; the first drives the two latter, which force soapy water through a pipe connected with eighty-seven different outlets, each one of which emits thousands and thousands of bubbles, which in ever-changing hues fall like a kaleidoscopic cascade round the base.

In the day time it is a marvelous sight, but at night, when innumerable electric lights beneath the bubbles are turned on, it is the most dazzling scene possible, and, borrowing an expression from the "Arabian Nights," one might most aptly speak of it as the "fountain of a thousand jewels," so sparkling, so radiant is the effect.

#### **The Dog.**

The dog is man's most faithful friend. A man may lie, but a dog won't; a man may get drunk, a man may slander his neighbor, a man may embezzle and defraud, a man may borrow money, a man may steal money, a man may go into politics, a man may knife his best friend, a man may run down people with a automobile, a man may gamble himself to ruin, a man may waste his substance in riotous living, a man may go to heaven—but a dog won't. Can these things be truthfully spoken of the other friends man has about him? There is a strong affinity between man and the dog; it must be the affinity of contrast. Yet any man will resent being called a dog. Possibly the dog would resent being called a man if he understood—I do

not know. I only know that the maxim works but one way; and if we should say "Man is the dog's most faithful friend," there would be many to cavil, saying that it was mighty rough on the dog.—*Success Magazine*.

#### **Rabies Kill Score—Indiana Deaths Since 1901.**

Twenty people have died in Indiana of rabies, commonly known as hydrophobia, since the year 1901. These figures are shown in the annual reports of the State Board of Health. Although the board has no figures on the number of people bitten by rabid dogs, a conservative estimate, it is believed, shows that at least 100 people have been bitten by dogs or other animals suffering from rabies. Many of these people had the wounds cauterized and never suffered any evil consequences. The large majority, however, were finally rendered immune by means of the Pasteur treatment as administered in Chicago, Ann Arbor or Indianapolis.

It can hardly be said that rabies, as affecting human beings, has been increasing in Indiana until the present year. During the year 1901 no people died in Indiana from the disease. The next year two people met death, and in 1903 five people succumbed to the disease. In 1904 only two people died of rabies, while in 1905 the deaths numbered three. Five people died of the disease in 1906 and three in the year 1907.

In 1903 a 5-year-old boy, who had been bitten by a seemingly harmless cur in a park in Milwaukee, came to Indianapolis to visit friends on Park avenue. He was accompanied by his mother. A short time after he came to Indianapolis the lad became ill. He grew delirious and soon sank into a state of coma, in which he died. The boy was treated by Dr. A. M. Cole, who decided that the disease was undoubtedly rabies. Several other physicians who saw the case agreed with Dr. Cole as to the diagnosis.

It is a fact that many of the people

bitten this year were bitten by cats. In Russia great trouble is encountered because of the disease. The wolves become infected with it and go from the forests into the cities and towns, where they attack every living thing in sight. In many places "polecats" become infected with the disease and help to spread it about the country. Horses suffering from rabies sometimes not only bite, but fight and kick until they kill. In Germany little trouble is experienced with rabies, as most of the dogs are muzzled. During the year 1903 there were no deaths from rabies in England. Up to that time the deaths had averaged thirty a year. A bite through the clothing is less dangerous than a bite on the face or hands, as the clothing serves, to a certain extent, as a protection, absorbing the germ-infected saliva of the animal.

The average incubation period in man for the disease is from six weeks to two months, although cases have developed in two weeks' time and as late as six months or a year. The records of the State Board of Health are not indexed in such a way that the names of parties who die of rabies can be obtained. This is due to lack of sufficient funds, the board not being able to hire the necessary help.

Dr. J. N. Hurty, secretary of the State Board of Health, says that in Mexico the Government maintains a Pasteur Institute at the public expense. Similar institutes are maintained, also, in many of the state capitals. "The Mexican," said Dr. Hurty, "evidently believes that human life is more precious than a small appropriation."—*The Indianapolis Star*.

#### **A Husband, Wife and Six Children Ill of Typhoid Fever.**

Petersburg, Ind., July 15.—The family of Ellis Gray, consisting of husband, wife and six children, who yesterday were thought to have been poisoned by drinking impure milk, are now all seriously ill of typhoid fever. Two physicians are almost in constant

attendance. A coincidence in connection with the family illness is that all the members were taken sick within a short time of one another, and all have the same disease.

The above clipping from the *Indianapolis News* of July 15, represents a too frequent type of the occurrence of typhoid conveyed by milk. The editor of this journal recalls such an instance in his practice, the father, mother and three children all having typhoid in a period of six weeks from milk taken from a dairy farm, the owners of which had typhoid fever. The family all drank milk freely; the father is a veterinary surgeon; the house was isolated on an elevated knoll; the well was free of contagion; there were no other cases in the region. Flies were not breeding.

Such notices should be a warning to physicians and health officers, indicating the danger of a foul milk supply.

*One Fatal Personage; The Dunce.* Carlyle says, speaking of his translation into English of "Wilhelm Meister's Apprenticeship and Travels," that whosoever imports into his own country any true delineation, a rationally spoken word on any subject, has done well. For in our under world there is but one altogether fatal personage; the dunce; he that speaks irrationally; that sees not, and yet thinks that he sees."

#### **Formaldehyd in Milk; Its Detection and Its Harmfulness.**

HAGERSTOWN, MD., Aug. 19, 1908.

*To the Editor:* 1. Will you give reliable tests for formaldehyd in milk and state the sources of possible error in making the tests? 2. Is the presence of formaldehyd in milk considered injurious to infants and children, and what symptoms does it produce?

A. C. MAISCH.

ANSWER.—1. The most reliable test for the detection of formaldehyd in milk is that based on the color which is formed when concentrated sulphuric

acid (Hehner's test) or hydrochloric acid (Leach's test) containing a trace of iron is added to milk containing formaldehyd.

**Hehner's Test:** To a few cubic centimeters of concentrated sulphuric acid, to which a trace of some ferric salt has been added, add the milk to be tested so as to form a distinct layer on top of the acid and allow to stand. If formaldehyd be present, even one part to a million of milk, a violet coloration will take place at the junction of the two liquids.

**Leach's Method:** Dilute the milk with an equal volume of water and add for each cubic centimeter of the diluted milk 1 c.c. of concentrated hydrochloric acid containing 1 c.c. of 10 per cent. ferric chlorid solution, to each 500 c.c. of acid. The mixture is heated in a casserole over the bare flame to 80 or 90 degrees C., rotating to break the curd which forms. If formaldehyd be present, a violet color will appear.

2. The presence of formaldehyd in milk is generally considered injurious to infants and children. On the other hand, some experimental observers have concluded that in the small quantities used in preserving milk (from 1 to 50,000 to 1 to 20,000) formaldehyd prevents the development of the more common bacteria without interfering with the digestibility of the milk. A full review of this subject may be found in Bulletin No. 41 of the Hygienic Laboratory, U. S. Public Health and Marine-Hospital Service, from which we quote: "It may be said, finally, however, that the medical and scientific opinion is decidedly against the use of preservatives in milk, not only on account of possible injuries, especially to young children, resulting from the continued use of such preservatives in small amounts, but also for the reason that the use of such substances, if permitted, would ultimately tend to carelessness and uncleanness in the handling of milk."

The principal objection made to the use of formaldehyd in milk is that it

impairs the digestibility of the milk and tends to injure the digestive organs. It renders the milk less easily coagulable by rennin. Immediate symptoms which could be attributed with certainty to the presence of formaldehyd in the milk do not appear to have been observed.

—Journal A. M. A.

#### Resuscitation After Drowning.

SUPERIOR, NEB., Aug. 6, 1908.

To the Editor: I would like to see a discussion of the following points:

1. What is the longest authentic time that a body has lain under water and been resuscitated after removal?

2. If, on recovering a body from the water there is no heart beat perceptible to auscultation, will treatment avail anything, and if it should, is it not positive proof that the heart had not stopped?

3. How long should efforts at resuscitation be continued in hopeful cases?

J. G. WALKER.

ANSWER.—The effect of immersion in water depends on whether the person remains conscious and attempts to breathe or whether syncope occurs and breathing stops. In the first case death occurs in 1 to 5 minutes after water has entered the lungs. The power to remain under water without breathing varies considerably and is somewhat improved by practice. According to Draper ("Legal Medicine"), the longest time on record is that of Professor Enochs, namely, 4 minutes 46½ seconds. Draper also cites a report to the United States Life Saving Service of the resuscitation of Stanley S. Holmes, 5½ years old, after an immersion of 25 minutes. The resuscitation produced signs of life at the end of 45 minutes. Draper states that this is the longest time on record. In this case it is probable that syncope occurred and respiration ceased so that no water entered the lungs.

2. If in a case of drowning the heart has actually stopped beating, it is safe to say that the patient is dead and be-

yond resuscitation, but it must be remembered that the heart beat may be so feeble and indistinct as to be imperceptible even to the most expert auscultator. Hence, one is liable to think that the person is actually dead when such is not the case.

3. From the above it will be seen that apparently hopeless cases may be hopeful ones, therefore efforts of resuscitation after drowning should be persevered in for several hours unless signs of death are positive. Cases are on record in which persons have been restored only after efforts had been continued for over four hours.

—Journal A. M. A.

#### Dr. Marshall's Story of Perry's Memorable Expedition to Japan.

SCOTTSBURG, Ind., August 6.—Dr. Nathan M. Marshall, of Knoxville, Tenn., now visiting his daughter, Mrs. S. B. Wells, of this city, is perhaps the only survivor of the Perry expedition to Japan in 1853. A few years ago a friend of the doctor wrote to him, telling of reading the obituary of the supposed last member of the expedition, in a Southern newspaper. If there are any other survivors he would be glad to hear of them.

Dr. Marshall was a hospital steward on the U. S. S. Vandalia, a sailing vessel, which left Philadelphia March 4, 1853, bound for Japan. He says stops were made at Rio de Janeiro, Java and Singapore. The last-named place was then a rough country, the sea being much infested with pirates and freebooters. On two occasions the Vandalia was attacked, once after night, but when the visitors discovered the noses of several 32 and 68-pounders protruding from the sides of the vessel they left without further ado. In the second encounter they showed fight, but were soon scurrying from their boat up the hills, with big round shot helping them on.

SAW A STRANGE PEOPLE.

The fleet had its rendezvous at the Loo Choo islands, inhabited by a

strange people, seemingly neither Japanese nor Chinese. The other ships were the steam frigates *Susquehanna* and *Mississippi*, the sloops of war *Plymouth* and *Saratoga* and the frigate *Macedonia*.

Commodore Perry was a fit man for the leader, inflexible and of a stern and commanding dignity, besides having the advantage of a portly figure and square shoulders, says Dr. Marshall. The first negotiations threw the Japanese into a spasm of fear, but ultimately they sent word for the "barbarians" to come on. When the exhibits carried by the different vessels were uncovered the Japanese awoke from the sleep of centuries to become a different nation. They were eager and willing to try everything, from the sewing machine to the various kinds of farming implement.

#### TELEGRAPH A MARVEL TO THEM.

A small steam locomotive and track excited their imagination, but the electric telegraph was a marvel. A line was established between the ships, and the Japanese stationed men to see that nothing was slipped along the wires. On the other hand, the Americans were equally amazed at the scenes on the shore. The one that managed to slip off or was sent on an errand ashore was regarded as fortunate.

One of the most remarkable superstitions of the Japanese was their belief regarding the earth. They thought it was supported on the back of a huge elephant, which, in turn, stood on the back of a turtle. Dr. Marshall could not tell what came next, but supposed the turtle must have been in the water. The Japanese had a great many spherical bells, a little like the old-fashioned cow bells, and unless one of those things was being beaten by some one all the time the knees of the elephant would shake and there would be an earthquake. One could see this performance going on at any place.

The *Vandalia* was laid up nine months a little below Shanghai, repairing and making ready for the home

trip. It was at this place that the Americans realized the enormity of real Oriental barbarism. The Ta Ping Wong rebellion was then at its height and the rebels held the city. Occasionally the imperials would advance against the city in a half-hearted way, but accomplished little. A French vessel was anchored above the city and it rather sympathized with the imperials while our men were with the rebels. Sometimes the American sailors would slip in and fire their guns for them. One day the French shot down a small part of the city wall and tried to scale it. A young midshipman was the first to reach the top. No sooner was he on the wall than he was struck squarely on the head with a large knife which completely divided his head, half falling on either shoulder. The sight of this was enough to keep the outsiders from interfering again.

The guns used were mere barrels with a short piece of wood for a stock. There was a little pan by the side of the vent. A forked wire holding a piece of lighted punk, when lowered to the pan, served as a trigger. When fired the guns had to be inclined upward to prevent the balls from rolling out.

Finally, after a long siege the rebels slipped out of the city at night, leaving all the old men, women and children. The next morning the Imperials marched victoriously into the city and beheaded every person found there. The heads were then tied together by the cues in bunches of three or four, and raised on pike poles above the walls as a warning. On all sides were great piles of mangled bodies, some literally hacked to pieces.

The ambulance they used was a basket about two feet in diameter with handles on the sides. A wounded man was dumped into this with his feet hanging out on one side and his head on the other. It was amusing to them, said the doctor, to take a man along in this manner, and they often would be seen swinging some poor fellow along, laughing at his discomfiture.

Dr. Marshall kept a diary while on the journey which is now valued highly. He also has many rare specimens of the handiwork of the Japanese in carved ivory and various woods of the East. Bayard Taylor, a personal friend of the doctor's, was with the expedition, taking notes, but he was not allowed to use them afterward. He, however, wrote his "Visits to India, China, Loo Choo and Japan" from memory, which was well received.

The doctor is seventy-six years old, but is remarkably well preserved. He practiced medicine and surgery for many years after his return from the Japanese trip.

#### **Carl Schurz a Truly Great Man.**

NEW YORK, June 5.—The recent meeting of the Maryland Civil Service Reform Association was made the occasion of a testimonial to Carl Schurz by Dr. Daniel C. Gilman, ex-President of Johns Hopkins University, who said:

"The name of Carl Schurz will always stand in the front rank of those Americans who were not born in America, but who, by choice, identified themselves with American society and were devoted observers of American institutions. It is not too much to associate his name with De Tocqueville, not a resident of this country, but a visitor to it, and a remarkable critic of progressive democracy; with James Bryce, now the illustrious ambassador of Great Britain, whose study of the American Commonwealth is our best manual of the character and workings of American institutions; with Francis Lieber, one of the ablest and most thoughtful advocates of civil liberty and a vigorous defender of the principles which underlie our Government, and with Edwin L. Godkin, founder and editor of the Nation, a persistent advocate of civil service reform, who for nearly fifty years fought with wild beasts at Ephesus and cleared the way for others to build up and strengthen the foundations of our society.

"These four men, De Tocqueville, Bryce, Lieber and Godkin, are like four evangelists, students of social conditions, discoverers of fundamental principles, advocates of righteousness in public affairs. A sagacious Frenchman, a philosophical German, an enthusiastic Englishman, and a critical Irishman all contributed to the elucidation of our problems and the improvement of our conditions.

"With these great men Carl Schurz will always be remembered. In some respects he surpassed each one of them. His extraordinary versatility, his ability as an orator, his skill as a writer, his position in the Senate and the Cabinet, his readiness to spend all his force in the promotion of right methods, however unpopular they might be, however slow the public response, and however complex the difficulties which beset him, give him the foremost place among the adopted citizens of this country.

"Fine in his various gifts, as exemplified by the career of an editor, writer, orator, legislator and administrator; generous in his impulses toward friend and foe; fearless in the battlefield, whether combat was in the arena of bloodshed or in the quieter but not less bitter controversies of the platform and the study; always hopeful, and not despondent as he looked toward the future, however dark any moment might be; co-operative, suggestive, undismayed, he is forever to be commended as an example to the citizens of this country, whether they are of native or of foreign birth.

"In the great meeting which was held last November in New York to commemorate this illustrious statesman, Grover Cleveland, twice President of the United States, used these words:

"The man whose memory we honor never knew moral fear, and never felt the sickening weakness of moral cowardice. With him it was only to see what he believed to be injustice or error to hurl himself upon its defenses



with the impetuosity of a zealot and the endurance of a martyr. He did not shun politics; but in his conception, political activity was valuable and honorable only as it led the way to the performance of civic duty and had for its end and purpose the advancement of principles and the enforcement of practices that best promoted the public good. He had no toleration for the over-nice foppery that drives many who claim patriotic impulses away from politics through fear of contaminating defilement. He entered politics because he saw his duty there; and he found immunity from defilement in cleansing and purifying his political surroundings.'"

On motion of Dr. Gilman, a resolution was adopted approving the movement started for raising funds to commemorate upon an adequate scale the services and high character of Mr. Schurz.

#### **Malcomb Morris Knighted.**

Many will remember Malcolm Morris, now Sir Malcolm Morris, who delivered a most interesting course of lectures on Disease of the Skin under the Lane endowment at Cooper Medical College. His friends will be pleased to know that King Edward on January first last, dubbed him a Knight Commander of the Royal Victorian Order. Malcolm Morris is now, therefore, Sir Malcolm Morris, K. C. V. O.

This event is particularly gratifying to men engaged in the specialty of cutaneous medicine, as it is the first time one of their number has been knighted in England for distinguished medical services. It is true that Erasmus Wilson was also knighted, but his title came, not on account of scientific or medical work, but because of the donation of the Egyptian obelisk which now stands on the Thames embankment. This is obviously a different affair.

In another way this deserved honor points a lesson. Sir Malcolm Morris is not alone an excellent man in his

specialty, but he is a clever physician in a general sense, and for a long time was known as the able editor of *The Practitioner*. In addition to this, Sir Malcolm is a man of wide general literary culture. All these abilities congregate to a well balanced judgment, as in no specialty is a knowledge of the every day working of the body so necessary as in diseases of the skin, and general culture, while not absolutely essential for the cure of disease, is of importance to the medical man in whatever sphere his activities may lead, in developing the human side of him. The most widely respected and beloved physicians have always been those who, to their special knowledge have added an intimate acquaintance with the field of general literature, as for instance, the late Professor Kussmanl, and in the present day, Wm. Osler. We feel, therefore, that King Edward in selecting Sir Malcolm for the high honor he has conferred upon him, has done a graceful and wise act.

D. W. MONTGOMERY, M. D.

In the *Cal. State Med. Jour.*

#### **The Typhoid Season.**

The typhoid season is still upon us and a few suggestions on this topic may not be untimely. We do not believe that it has ever been shown that typhoid can be cut short after an infection obtained; but almost every one knows that it is one of the preventable diseases, and that a bit of caution may save many months of care. Food and drink are the well recognized carriers of typhoid infection, and yet, within the past few years, there have been several well authenticated cases of individuals who were distributors of typhoid poison to the food and drink consumed by others. Every safeguard should be taken, especially with milk and water, during this period of the year when typhoid is prevalent. It may not be amiss to inquire of a new domestic whether she personally has had typhoid or has been associated recently with a typhoid case. In the case of a guest, more particularly one

who has had relapses or a recent infection, it is desirable to sequester articles in which his food is served, as well as all linen. Every specific which has been suggested has failed to fulfil the promises made for it; but it may be possible, by thoroughly cleansing the whole digestive tract at the beginning of the least disturbance, to uproot and dislodge a possible typhoid nidus. It is by no means easy to say just what type we can expect in an individual case; indeed, we have seen two cases, which undoubtedly received an infection from the same source, run such different courses that we could almost have believed the diseases were themselves different had not the Widal test been repeatedly positive in both cases. The really important thing to remember is this: that a case that has had typhoid may, for many months, be a distributor of the disease. For this reason it is well worth the trouble to learn whether, in the individual case, any such infection has recently occurred. We cannot presume to dictate the details of treatment, but we can say from an experience of many cases that nursing and liquid diet are essential. We have yet to find any vaunted intestinal antiseptic of any value. The disease is not an intestinal, but a blood infection. In short, drugs, except for particular conditions, are of little or no value; the coal tar products for the reduction of temperature are decidedly disadvantageous and are apt to result in serious cardiac weaknesses. Tepid water with alcohol, for sponge baths, and plain cold water in the lower bowels, by enema, are the two best methods for the reduction of temperature. The Brandt cold tub has not seemed to justify the expectations which it aroused, and certainly for many patients in the higher walks of life, a cold plunge does not give the results so often claimed, and may do considerable damage.—The Post-Graduate.

#### **The Omnipresent Sexual Question.**

In spite of the formidable array of books and papers and medical sermons on the vital subject of publicity of the sexual question, with a view to the enlightenment of all classes, which have inundated us of late, we must realize that the sincerity and sobriety in our advocacy of new and important means to stem the tide of sexual gratification so as to lessen the potential eventualities which may ensue, has as yet been to small purpose. And this can be accounted for in many ways, principally because without oneness of thought affixed to any movement, confusional ideation obfuscates its simplicity and directness.

For how can great good come out of a warring mass of argumentative flotsam and jetsam, no matter how talented the gloss, when the one idea which should be primal, is submerged?

Now to further the idea of the proper dissemination of knowledge on this subject, it is not necessary to cry aloud for transcendent purity, as those who are unacquainted with the behests of Nature would desire, or imagine, as Swift did, that nearly every man "combines in himself all the diseases and vices transmitted by ten generations of rakes and rascals." Fortunately for us there is a middle road which should be frequented by those delvers into the problem who desire some recognition from the world at large for clarity of vision and a sanity unalloyed by foolish prejudices. There, our moral reformers would see that men are not like Thoreau who "ate no flesh, drank no wine, never knew the use of tobacco; had no temptations to fight against, no appetites, no passions," but the victims of a false education which is not so much the result of separateness of their doctors' knowledge of diseases from their early training, as the foolish and accepted idea which, especially, obtains in this country that boys have the right to choose their companions from the walk of life which appeals to them. In this respect Otto Ernst, the

well-known German writer, makes some apposite remarks in an article on "Sexual Enlightenment" in a recent number of the *Vienna Neue Freue Presse*. "In my opinion," says Ernst, "what is more important than sexual instruction is the duty which should devolve on all parents to see that their children associate only with those persons whose mentality is of a high order—pure, noble and exalted. If my mind was detached from all thought of sexual matters, even after I had passed my callow days, it was because of association with men and women of this calibre, and my earnest attention to scientific and literary subjects." Or, as Emerson said, "If you would make a man tall you must walk him under a high ceiling."—*Inter-State Medical Journal*.

#### Death of Dr. Edebohls.

Dr. George Michael Edebohls, the well-known New York surgeon and gynecologist, died at his home in that city on August 8. He had been ill for some time, and his death stated to have been due to Hodgkin's disease. He was born in New York City in 1853, and was a graduate of St. John's College, Fordham. He received the degree of M. D. from the College of Physicians and Surgeons, New York, in 1875. Dr. Edebohls was specially identified with renal decapsulation for chronic Bright's disease, a procedure which he originated. The first operation of this kind which he undertook with the deliberate purpose of bringing about a cure in chronic Bright's disease was performed in January, 1898. The patient, a girl of twenty at the time, was afterward married, and five years later he reported her as five months pregnant and permanently cured of her kidney disease. The report of this operation, together with that of five preceding operations which led up to it, was published in the *Medical News* of April 22, 1889. In 1901 and 1902 several articles by him on the subject appeared in the *Medical Rec-*

*ord*, and in February, 1903, he read before the Medical Association of the Greater City of New York an elaborate paper embodying his experience and that of other surgeons with the Edebohls operation up to that time. This paper was published in the *Medical Record* of March 28, 1903. Although he by no means claimed that renal decapsulation was universally applicable, and was careful to define its limitations as far as possible, there has always been much dispute as to the real value of the procedure. Dr. Edebohls was for many years Professor of Diseases of Women at the New York Post-Graduate Medical School, and among the other positions he held were those of gynecologist to the New York Post-Graduate Hospital; consulting gynecologist to St. John's Riverside Hospital, Yonkers, and consulting surgeon to St. Francis' Hospital and to the Nyack Hospital.—*Boston Medical and Surgical Journal*.

#### Three Diagnostic Signs of Erysipelas

Milian (*Progres Medical*, 1908, No. 30).—The diagnosis of erysipelas, especially of the face, is not always easy. In the Parisian Hospital, devoted exclusively to this disease, cases of acute eczema, of artificial dermatitis, of ophthalmic zona, of dental abscess, of dacryocystitis, even of mumps, are admitted daily with the mistaken diagnosis of erysipelas. Many of these cases resemble erysipelas somewhat closely and the writer's experience has convinced him that the classical signs, described in text-books, often do not suffice for a diagnosis. The classical sign most frequently absent is the edematous plateau raising the affected area above the level of the normal skin.

In the diagnosis of erysipelas, Milian lays especial stress upon three signs:

1. The sign of maximum involvement at the periphery (du maximum centrifuge); 2. the sign of the ear; 3. the sign of pain upon pressure.

The sign of maximum involvement

at the periphery. Erysipelas spreads centrifugally or at least from point to point, so that fresh areas are continually becoming involved, while those originally infected are recovering. It is for this reason that the areas of greatest swelling and redness are located at a distance from the site of infection and at the periphery of the whole region involved. This sign is especially useful when it is necessary to differentiate between erysipelas and an ordinary inflammation, such as a suppurating dacryocystitis, a dental abscess, or parotiditis. These affections may superficially resemble erysipelas, but in them the pain, redness and swelling are at the center of the area involved, not at its periphery. This sign sometimes fails at the very beginning of an erysipelas when only the site of infection is involved. Twenty-four hours later, however, it is usually well in evidence. A possible source of error in interpreting this sign is involved in the behavior of the eye-lids. These structures, as is well known, become extremely edematous throughout their extent as soon as involved and remain so even when the zone of acute inflammation has passed beyond them. In making use of the sign discussed above, the condition of the eye-lids must therefore not be taken into account.

The sign of the ear. The skin covering the external ear is so closely adherent to the cartilage that subcutaneous tissue may here almost be said to be wanting. It is for this reason that all ordinary inflammatory processes, since they involve chiefly the subcutaneous tissue, are arrested in their spread when they reach the ear. Erysipelas, however, being a dermatitis, spreads readily over the external ear and may by this means be distinguished from dental abscess and the like.

The sign of pain upon pressure. Tenderness to pressure is probably the most constant feature of erysipelas and this tenderness is most marked at the periphery of the area involved. Acute

eczema, zona, parotiditis, are not nearly so tender; dacryocystitis, dental abscess and the like have their point of maximum tenderness at the center, not at the periphery of the reddened and swollen area. (This most valuable note is from the *Inter-State Medical Journal* of September, 1908.—Editor.)

---

#### **Fungus Coccidioides—The California Disease.**

Since 1892 some eighteen cases of this disease have been reported and as all but one of them have lived at some time of their lives in the San Joaquin Valley, this has been very appropriately called the California Disease. Dr. Kellogg, of Bakersfield, Kern county, California, has seen more of these interesting cases than any other one doctor and at a meeting of the San Joaquin Valley Medical Society held in Tulare recently, he brought one of the victims of this disease before the meeting, giving the history of this case, with such treatment as had been tried, and reviewed such instances of the malady as he knew of. At his request Dr. Ryfkogel presented the findings with the microscope and read a paper on the disease.

Those who have met with cases of this disease feel sure that many suffering therefrom fail to have their sickness properly diagnosed (it is probably called tuberculosis) and on this account desire to call the attention of the profession to its symptomatology. Dr. Ryfkogel's paper was printed in the *California State Journal*, June, 1908.

---

#### **Indianapolis Medical Society.**

At the meeting of the medical society at the Eleanor Hospital on Aug. 17th, the temporary committee appointed to investigate the feasibility of establishing a certified milk commission in Indianapolis, reported favorably. The report was adopted by the society. Several of the members spoke in favor of the good move that was being made to obtain a purer milk

in this city and also spoke of the necessity of supporting the move. Unless the physicians recommend this milk to the people and insist upon their using it for their children, the scheme will fail. It is a good move and should have the consistent support of all physicians at all times so that the sale may be sufficient to justify the dealer in establishing a plant that will produce certified milk. At the meeting the society appropriated \$100 for starting the work, but thereafter the commission will be self-supporting. A week or two after the meeting, the president of the society appointed the following to serve on the commission: Drs. Burckhardt, Ferguson, Hoskins, Sowder and Torian. So far they have had time only to meet and arrange with Dr. Ferguson as chairman and Dr. Torian as secretary and treasurer. —Torian.

---

#### Abe Martin.

Owin' t' th' fickleness o' th' American people a feller should be careful 'bout namin' his child after a great politician. Like a hoss some folks do ther best hustlin' when ther goin' toward th' stable.

---

#### An Arrival.

There came to port last Sunday night  
The queerest little craft,  
Without an inch of rigging on.  
I looked, and looked, and laughed.

It seemed so curious that she  
Should cross the unknown water  
And moor herself within my room—  
My daughter, O my daughter!

Yet, by these presents, witness all,  
She's welcome fifty times,  
And comes consigned to Hope and Love  
And common meter rhymes.

She has no manifest but this;  
No flag floats o'er the water;  
She's rather new for British Lloyd's—  
My daughter, O my daughter!

Ring out, wild bells—and tame ones,  
too;

Ring out the lover's moon;  
Ring in the little worsted socks.  
Ring in the bib and spoon.  
Ring out the muse, ring in the nurse;  
Ring in the milk and water;  
Away with paper, pen and ink—  
My daughter, O my daughter!

—GEORGE W. CABLE.

---

#### Reviews and Book Notices.

*Progressive Medicine.* A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by H. A. Hare, M. D., assisted by H. R. M. Landis, M. D. Vol. II, June, 1908. Published by Lea & Febiger, Philadelphia. \$6.00 a year.

This volume of *Progressive Medicine*, well sustains the reputation of this valuable quarterly. The subject of Hernia is thoroughly discussed by William B. Coley. The other abdominal surgical procedures are taken up by E. M. Foote, who devotes 80 pages to this subject and reviews the recent literature. Jno. G. Clark covers the review of Gynecology in 102 pages and presents the kernel of the literature of the past year. Diseases of the blood, diathetic and metabolic diseases, diseases of the spleen, thyroid gland and lymphatic system are next taken up by Alfred Stengel. The subject of Ophthalmology by Edward Jackson, completes this volume.

*Folia Therapeutica.* This is a periodical journal relating to modern therapeutics and pharmacology for medical practitioners. The circulation is 12,000. Published quarterly. Edited by A. Baginsky, M. D., Privy Councillor, Prof. of Medicine, University Berlin, and J. Snowman, M. D., M. R. C. P., London. Price, one shilling or \$1.00 each year. Quarto of 40 pages. This excellent journal exchanges with the *Indiana Medical Journal*. London,

John Bale, Sons, & Danielsson, Ltd., 83-91, Great Titchfield Street, Oxford Street, W.

*Borderland Studies.*—By George M. Gould, M. D., formerly editor of the Medical News, the Philadelphia Medical Journal, American Medicine, etc. P. Blakiston's, Son & Co., Philadelphia, 1908.

Many of these essays which heretofore appeared in various medical journals are now gathered into a volume, where they are easily accessible to all desiring to reach them. It is useless to say that they are learned and interesting, since their distinguished author is known as a man of scholarly attainments whose literary work is characterized in spite of its pessimism by erudition. Each one of these essays is worthy of careful reading; hence, we command them to the profession.

*Physical Signs of Diseases of the Thorax and Abdomen* by James H. Sawyer, M. A., M. D. Oxon., M. R. C. P., Lond. 12mo, 198 pages, illustrated. Price, muslin, \$2.00 net.

The physical signs of disease of the thorax and abdomen are briefly described. The causes of the physical signs present in health and disease are discussed and the usual explanations of them are given. Differential diagnosis has been carefully considered.

*Handbook of Gynaecology* by George Ernest Herman, M. B., (Lond.), F. R. C. P., F. R. C. S., author of "Diseases of Women" and "Difficult Labor" 10mo, 554 pages, with 170 illustrations. Price, extra muslin, \$2.50 net.

This is a book for the general practitioner of medicine and the medical student. It is a condensed edition of the larger book by the same author, "Diseases of Women."

*The Treatment of Gonorrhoea in the Male* by Charles Leedham-Green, M. B., F. R. C. S., Surgeon to the Queen's Hospital Birmingham, etc. Octavo,

172 pages, illustrated. Price, muslin, \$2.00 net.

A concise yet detailed account of the modern views of the pathology and treatment of this disease, and its chief complications. The text has been thoroughly revised and includes a short description of Goldschmidt's new irrigation urethroscope and of the use of Bier's hyperaemic treatment in gonorrhoeal arthritis.

Campbell's *Textbook of Surgical Anatomy*. W. B. Saunders & Company, of Philadelphia. 675 pages, with 319 original illustrations. Price in cloth, \$5.00.

This book is written by Dr. William Francis Campbell, of Brooklyn, Professor of Anatomy in the Long Island College Hospital, and the attending surgeon of the Methodist, the Swedish and the Bushwick Hospitals; also consultant to the Jamaica Hospital.

The text is written upon the basis that surgery is anatomy practically applied, and that the "anatomic mind" is as essential to the surgeon as the "aseptic conscience." And so its single purpose is to aid the student and practitioner in mastering the essentials of practical anatomy. The facts of such work are necessarily the product of many minds and the accumulations of many years of past anatomical and surgical research. But the author has so presented them and so estimated and adapted their clinical values, that the work will prove of great service to the student, the teacher and the surgeon. The original illustrations are all new and appeal to one for their clearness and simplicity and the sense of relationship they give of the essential structures met in the various operations of surgery. A teacher of surgery would be only too happy if able to carry these dissections and diagrams in his mind and transfer them with a few bold chalk marks to the board while teaching this most delightful and practical branch of anatomy.

**Consumption: How to Prevent it and How to Live With It.**

Its nature, causes, prevention, and the mode of life, climate, exercise, food, and clothing necessary for its cure. By N. S. Davis, A. M., M. D., Professor of Principles and Practice of Medicine, Northwestern University Medical School, Chicago; Physician to Mercy and Wesley Hospitals; Member of the American Medical Association, American Climatological Association, Illinois State Medical Society, Chicago Medical Society, Chicago Pathological Society, Chicago Neurological Society, Chicago Academy of Sciences; Fellow of the American Academy of Medicine; author of a hand-book on "Diseases of the Lungs, Heart and Kidneys," and a treatise on "Diet in Disease and Health." Second edition, thoroughly revised. 12mo. 172 pages. Bound in extra cloth. Price, \$1.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia, Pa.

This book has been reprinted many times since it was first written. But now it is revised in every chapter and an additional chapter added on the advantages of treatment in sanatoria and other institutions. The book began with a series of rules for patient; these were explained and amplified to the present treatise, well adapted to both the doctor and the patient.

*A Treatise on the Principles and Practice of Gynecology.* By E. C. Dudley, A. M., M. D., Professor of Gynecology in the Northwestern University Medical School, Chicago. Fifth edition, thoroughly revised. Octavo, 806 pages, with 431 illustrations, of which 75 are in colors, and 20 full-page colored plates. Cloth, \$5.00, net; leather, \$6.00 net; half-morocco, \$6.50. Lea & Febiger, publishers, Philadelphia and New York, 1908.

Professor Dudley's Gynecology is out in a new edition, the fifth in ten years. Dr. Dudley was first to see the advantage of presenting gynecology along natural lines of cleavage, by causes, rather than regions. He thus

had not been done before, and his book was quickly appreciated, both by professors for their students' use and by practitioners for their own. It grew in favor, and some years ago the author gave it further impetus and distinction by making all its abundant illustrations original, each drawn for its special place and purpose, and therefore exactly fit. Now Dr. Dudley again responds to popularity by bringing out a new edition, thoroughly revised to date, with everything obsolete in text or picture eliminated, and with still more original drawings added.

*Health Circular.*—The Indiana State Board of Health has issued a letter to the people entitled "Why Not Protect the Health of School Children?" In this the importance of pure air and proper heating and ventilation is urged, the evils of air starvation detailed, and the lighting and air supply of schoolrooms considered—all these with the idea, first, of preserving the health of the school children, and, second, of saving the money of the state and increasing the general well being and happiness.

"Health and Beauty," by John V. Shoemaker, LL. D., M. D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine, Clinical Professor of Diseases of the Skin in Medico Chirurgical College, of Philadelphia. Publishers, F. A. Davis Co., Philadelphia, Pa. Net, \$3.00.

Dr. Shoemaker has written his book in a concise and readable form and yet practical. It combines, the hygiene of the skin and its modifications with the pathological conditions and their treatment.

The chapters on Disfigurement from Disease with Treatment and Eruptive Fevers cover the pathological conditions most frequently met in skin diseases. The author uses his knowledge of therapeutics to advantage in the treatment of the cases mentioned. This work ought to have a large sale.

---

# CHICAGO POLICLINIC

---

## SUMMER COURSES

Beginning May 1st and continuing until October 1st we present a series of Clinical Courses at reduced rates. Throughout this period, Prof. Gronnerud will personally conduct his Operative and Research Work in the Anatomical Laboratories. There will be Special Practical Courses in Bacteriology and Clinical Microscopy.

For further information address

**M. L. HARRIS, Sec'y,**  
174 E. Chicago Ave., CHICAGO

---

## TULANE UNIVERSITY — OF — LOUISIANA Medical Department

Its advantages for practical instruction, both in ample laboratories and abundant hospital materials, are unequaled. Free access is given to the great Charity Hospital with 900 beds and 30,000 patients annually. Special instruction is given daily at the bedside of the sick. Department of Pharmacy also. The next session begins October 2, 1908. For catalog and information, address **DR. ISADORE DYER, DEAN**, P. O. Drawer 261, NEW ORLEANS, LOUISIANA.

---

## SUMMER ILLS

such as acute indigestion, summer diarrhea, intestinal disorders and heat prostration are rapidly overcome by the use of

## Gray's Glycerine Tonic Comp.

It promotes digestion, controls fermentation, and re-establishes normal circulation.

*"A tonic of known dependability suitable for employment at any season of the year."*

**THE PURDUE FREDERICK CO.**  
298 BROADWAY, NEW YORK



## INDIANA MEDICAL JOURNAL.

### Indiana Medical Journal Publishing Co.

#### PUBLISHERS' DEPARTMENT.

DR. F. A. MORRISON, *President*, Willoughby Building,  
224 N. Meridian St.

DR. J. O. STILLSON, *Vice-President*, 445 N. Penn. St.

#### General Manager and Treasurer:

DR. ALFRED HENRY, Illinois and Twenty-fourth St.

#### Editor:

DR. A. W. BRAYTON, ..... Newton Claypool Building

#### Associate Editor:

DR. THEODORE POTTER,

Newton Claypool Building

The INDIANA MEDICAL JOURNAL is published by the INDIANA MEDICAL JOURNAL PUBLISHING COMPANY.

The JOURNAL was established in 1870 and has just completed its 12th year under the present management. It is now owned by a stock company of well known professional men, each of whom is not only financially interested in its success, but who have a professional pride in its welfare. Their names are an ample guarantee for its future progress and prominence. The list of stockholders is as follows:

Drs. A. W. Brayton, Geo. J. Cook, Geo. W. Combs, L. C. Cline, L. H. Dunning, F. W. Hayes, E. F. Hodges, E. Hadley, Henry Jameson, H. M. Lash, John H. Oliver, W. H. Lopp, Theo. Potter, L. F. Page, H. O. Pantzer, J. O. Stillson, G. V. Woollen, Wm. N. Wishard, Daniel Thompson, Wm. Flynn, F. A. Morrison, H. E. Zimmer, Mrs. E. S. Elder. The business interests are separate and distinct from the editorial department.

The JOURNAL is not responsible for any medical or therapeutical views expressed in this department.

All orders for subscriptions or advertising and all books for review should be addressed to the

#### INDIANA MEDICAL JOURNAL PUB. CO.

All articles for publication should be addressed to

DR. A. W. BRAYTON,

Newton Claypool Building.

---

### SPECIAL NOTES.

Physicians Attention.—Drug Stores and Drug Store positions any where desired in U. S. and Canada.

F. V. Kniest, Omaha, Neb.

#### New Orleans Polyclinic.

Post Graduate Medical Department Tulane University of Louisiana, twenty-second annual session opens November 2, 1908, and closes May 29, 1909. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory and cadaveric work. For further information, address New Orleans Polyclinic, Postoffice Box 797, New Orleans, La.

### The Convalescent Patient.

The convalescent patient, for purposes of apt comparison, may be appropriately likened to an exhausted army that has successfully withstood a fierce assault and rests upon its arms, after the victorious conclusion of a strenuous struggle for supremacy. The invading bacterial enemy, with his cohorts of toxins and ptomaines, attacked suddenly and viciously; the outer line of defense was overcome and the enemy strove mightily to intrench itself in, and draw sustenance from, the fluids and tissues of the organism. The physician—the general in command of the vital army—with his active lieutenants, Rest, Food, Fresh Air and Intelligent Medication, rallied and brought forward his time-tried reserves, Nature's vast army of leucocytes, phagocytes and opsonins, and, after a "Battle Royal," drove the invaders from the field.

In military operations, the careful and judicious commander, after such an active engagement, immediately sets to work to rally his shattered forces and to fill up his depleted ranks with new and fresh recruits, so that he may be fully prepared to successfully resist a possible second attack. Such should also be the aim and object of the medical general in command of the defending forces in the struggle between man and microbe. Special attention given to the reconstruction of the vital forces of the convalescent, to the end that relapses may be avoided and the patient's energies rapidly recruited to their full fighting strength. Every possible aid, of a restorative and reconstituent nature, should be enlisted and utilized in this essential "up-building" procedure, including an abundance of fresh, pure air, nutritious and readily digestible food, rest of body and brain and appropriate reconstructive medication. Although some systemic infections, such as malarial poisoning, are more essentially destructive to the erythrocytes than others, whether or not the disorder from which

# A TONIC TRINITY

to replenish *Iron Reserve*, diminish *Hemolysis*, and tone up the *Nervous System* is contained in

*Hemaboloids* **ARSENIATED**  
(with *Strychnia*)

palatable, non-irritating and absorbed in spite of deranged digestive function. Predigested albuminoids and Bone Marrow Ext. add *Nutrient* and *Reconstructive Value*.

**THE PALISADE MANUFACTURING CO.**

Samples on request.

YONKERS, N. Y.

The tremendous demand for the

## METROSTYLE PIANOLA and PIANOLA PIANO

proves that the public desire for a Piano Player that will furnish something more than mere technique, is being gratified.

The PIANOLA furnishes faultless technique,

The METROSTYLE attachment furnishes an artistic interpretation.

Each an absolute necessity to the other-- the combination offering a perfect performance.

The AEOLION COMPANY, <sup>114</sup> MONUMENT PLACE Indianapolis, Ind.



## for Liquor and Drug Using

A scientific remedy which has been skillfully and successfully administered by medical specialists for the past 27 years.

**The Plainfield Keeley Institute**

ESTABLISHED 1890

Both Long Distance Phones in Institute

PLAINFIELD, IND.

Indianapolis Office, Room 506 Commercial Club Bldg. New Phone #818

## INDIANA MEDICAL JOURNAL.

the patient is recovering is medical or surgical in character.

The administration of Pepto-Mangan-(Gude) is an especially desirable method of furnishing that unexcelled hematinic—iron, and its reconstructive partner, Manganese—in bland, unirritating and immediately appropriate form. The vital, oxygen-bearing hematin of the red cells of the blood is speedily and steadily increased when this peculiarly available reconstituent is regularly administered. Constipation is avoided and none of the irritant or other unpleasant features ordinarily attendant upon ferruginous medication are noted when Pepto-Mangan (Gude) is given.

---

Indianapolis, Ind., July 18, 1908.

Are not facts concerning something of merit, of demonstrated worth, something which can be rationally administered and depended upon, worthy of a moment or two from even the busiest man?

To date 11,400 pints of Solguatone P. M. Co. have been prescribed by physicians of Indiana, Kentucky and Ohio.

Of this amount 4,056 prescriptions were written for this preparation by Louisville physicians alone.

Since January 10, 1908, physicians of Nashville, Knoxville, Atlanta, Birmingham and Memphis have written 6,253 prescriptions for this article.

Have you, too, studied its composition and considered claims made for it as a reconstructive tonic, tissue builder and anti-ferment? If not, won't you give it an opportunity to demonstrate that such claims are justifiable? In SOLGUATONE, Pitman-Myers Company have submitted to the medical profession a preparation containing creosote and guaiacol which will not derange digestion, is effective in small doses (therefore economical), water soluble—easy of administration, palatable, non-alcoholic and constructed in such a manner that the physician can make additions as his judgment dictates.

Formula: Each fluid ounce contains guaiacol 8 minims and creosote 8 minims, both combined in water soluble sulphonates, strychnine hypophosphite 1-32 gr. quinine hypophosphite 1-2 gr., with hypophosphites of calcium, iron, manganese and potassium 5 grs.

---

"In the *Calcutta Medical Journal* for February, 1908, Ghosh makes a few observations on the salicylates as antipyretics and hepatic stimulants. He asserts there are few drugs in the *Pharmacopoeia* which can excel sodium salicylate in its action on the liver. It stimulates the latter to increased activity, causing an increase in the flow of bile, which is rendered more watery and is at the same time excreted under a higher pressure. In ordinary fever with some hepatic derangement and congestion, it has invariably been used with the customary diaphoretic mixture, with good results.

Moreover, the general discomfort and the indefinite sort of pain over the whole body, so often complained of by such patients, are as a rule, relieved by this drug.

\* \* \* \* \*

When using the drug in large doses, as in acute rheumatic fever, one should always use the salt prepared from oil of gaultheria. This has the advantage of not being depressant and gives better results as it does not contain any of the impurities of the artificial preparations."—*Therapeutic Gazette*, July, 1908.

Physicians should bear in mind that all the salicylic acid in Tongaline is made from natural sources and it is on this account that the results are so uniformly beneficial.

Furthermore as an hepatic stimulant and for chronic constipation Tongaline cannot be equaled.

---

Measured by every standard of purity, Peacock's Bromides is never successfully imitated. This is why it is necessary for the physician to see that

# INGLUVIN

(WARNER & CO.)

HAS STOOD THE CLINICAL TEST OF OVER THIRTY YEARS.

It is a Stomachic Tonic, relieves Indigestion, Flatulence and Dyspepsia.

Can be administered in inflammatory conditions of the mucous membrane, as it has no irritant effect.

Has the remarkable property of arresting certain kinds of vomiting—notably the vomiting of pregnancy—due to a peculiar bitter principle.

Under ordinary circumstances, and when the object of its administration is to promote the digestive function, it should be taken after meals.

When the object is to arrest vomiting of pregnancy, it should be given before meals, in doses of 10 to 20 grains.

It should be combined with prescriptions containing calomel, as it prevents nausea and vomiting.

Put up in Powder and Tablet Form.

SAMPLES AND LITERATURE ON REQUEST.

PREPARED ONLY BY

**WM. R. WARNER & CO.,**

Manufacturing Pharmacutists,

PHILADELPHIA, PA.

Branches: New York, Chicago, New Orleans.

## Oxford Retreat

A PRIVATE HOSPITAL FOR THE TREATMENT OF  
Insanity, Nervous Disorders, Inebriety and  
Opium Habit. For Males and Females.

Facilities and advantages are unsurpassed for the proper care and treatment of all forms of the above named disorders. Careful attention is given to the proper classification of patients. Average one attendant to every four patients. Supervision at all hours. Every needed convenience and any accommodations that may be desired. Retired and homelike. Site elevated, beautiful and salubrious. 39 miles from Cincinnati, 84 miles from Indianapolis. 8 trains daily. Terms moderate. For references, trains, etc., address

G. F. COOK, M. D., Physician in Charge,

Oxford, Butler County, Ohio.

## The Pines

A Private Sanatorium for Nervous Disorders  
and Morphine Habitués.

FOR FEMALES ONLY

Insane not admitted. Every facility for proper treatment. Careful supervision at all times.

Retired, accessible; surroundings beautiful. Modern in all appointments, lighted by electricity and heated by steam. Sanitation perfect. Send for descriptive circular.

Under the same control and Medical Management as the Oxford Retreat.

the genuine is dispensed. He thus insures his results in all bromide treatment, particularly in those instances in which the prolonged use of the salts seems indicated and desirable. Neurologists have called especial attention to this feature of the preparation of Peacock's Bromides, and therefore it is extensively prescribed and dispensed in epilepsy. This is the severest therapeutic test to which the Bromides can be put, and there is no doubt that purity is of great importance in such cases.

### The First Symptoms of Migraine.

Dr. J. J. Caldwell, of Baltimore, Md., in "Medical Progress" writes as follows: "The treatment of migraine, to be correct, must be adjusted on the basis of the element of causation. Constipation, if present, should be treated by a proper dietary and regular habits, but purgatives should be avoided. Only mild laxatives should be employed, and they should be abandoned when diet regulates the bowels, as proper diet will do. During the premonitory stage we can generally abort or rather prevent the development of an attack by the administration of two antikamnia tablets. They should be given as soon as the first symptoms of the attack are manifest. If then, all symptoms are not speedily dissipated, another dose should be given in three-quarters of an hour or an hour. This means is a most effectual one to abort an attack, and when the attack is developed, antikamnia tablets will relieve

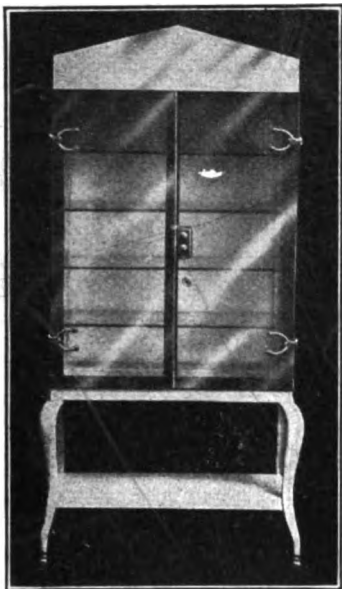
the pain usually in about forty minutes."

In chronic diffuse interstitial nephritis the patient is generally anemic, and iron will agree with but few. Indeed, in many cases the nervous symptoms are aggravated by its use. Here is where Hagee's cordial of the extract of cod liver oil compound is indicated. It should be given in tablespoonful doses four times a day.—Am. Jour. Dermatology.

### The Right Will Triumph.

The optimistic Emerson always contends that the right will ultimately triumph. "There is a serene Providence which rules the fate of nations, which takes little account of time, little of any one generation or race, makes no account of disaster, conquers alike by what is called defeat, or by what is called victory, thrusts aside enemy and obstruction, and obtains the ultimate triumph of the best race by the sacrifice of everything which resists the moral laws of the world. It makes its own instruments, creates the man for the time, trains him in poverty, inspires his genius and arms him for his task."

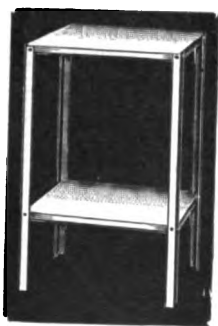
The end of all political struggle is to establish morality as the basis of all legislation. It is not free institutions, it is not democracy that is the end—these are only the means. Morality is the object of government. We want a state of things in which crime will



This cabinet is made entirely of metal and glass thoroughly aseptic. Two heavy plate glass doors with combination lock; polished plate glass sides with four plate glass shelves; French plate mirror in back and top; handsomely finished in baked white enamel.

Dimensions: 12 in. deep, 30 in. wide, 36 in. high, total height 65 in. Shipping weight, 165 lbs.

No. 2.....	\$57.50	F. O. B.
No. 3. Without top mirror .....	55.25	"
No. 4. Without mirror in back and top..	48.75	"



This table is all metal, top 15 in. by 19 in., 30 in. high.

Price, \$3.80.

Shipping weight 35 lbs.

Direct all communications to

**N. E. MEREDITH**

**807 Cottage Ave. INDIANAPOLIS**

not pay; a state of things which allows every man the largest liberty compatible with the liberty of every other man.

#### Mr. Harris and "Uncle Remus."

Joel Chandler Harris did not look like a literary man, did not talk or act like one, and, for that matter, always refused to consider himself as one. But "Uncle Remus" has been translated into twenty-seven languages, and it would not be easy to name any American author who will be surer of his reader's hearts a hundred years hence.

Mr. Harris was a Georgia newspaper man, a very quiet, shy person of homely tastes in everything save reading, an author who was obscured by immediate panic when a strange admirer worshipped before him.

He always felt that the "Uncle Remus" stories were a sort of accident in which he bore a comparatively unimportant part. The stories appeared in the *Atlanta Constitution* in the '70's. Harris had at the age of twelve entered a country news paper office as printer's devil. He had gone through the multifarious "grind" of a provincial newspaper man in Savannah, Macon, and elsewhere, when in 1876 Colonel Howell brought him to the *Atlanta Constitution* as editorial writer and capable journalistic man-of-all-work. Soon after this "Si" Small, who had been doing dialect sketching for the *Constitution*, resigned, and Colonel Howell, with some difficulty, persuaded Harris to step into the breach and keep the readers amused.

The only thing the young editor could think of was to write down the the old taoi aoin aoi oi aoin aoin oini old plantation stories he had heard in the negroes cabins while, after the fashion of Southern boys, he had loafed with the darkies in front of the big open fireplace, with hoe cakes browning and bacon sizzling. So he ram-sacked his memory for the most characteristic of these darkey stories, printed them in the *Constitution*, and became famous.—From the Author of 'Uncle Remus,' in the *American Review of Reviews* for August.

"Paraldehyd" possesses many of the good without the evil qualities of chloral. Used in insomnia resulting from various causes. The objectionable taste of the chemical is, to a great extent, disguised in Robinson's Elixir Paraldehyd (see page —), which is an elegant preparation.

---

**Nocturnal Incontinence of Urine in Children.**

Add eight drops of belladonna and eight drops of tinct. nux vomica to eight ounces of sanmetto. Of this, one half to one teaspoonful is given before each meal and at bedtime.

---

**Cardiac Tonic.**

"I have prescribed Cactina Pills in a number of cases of heart trouble and find them a reliable cardiac tonic, especially in weak heart with small, frequent intermittent pulse. They are a specific in functional heart trouble."—R A. Clopton, M. D., Milan, Tenn.

---

**The Eternal Womanly Beckons Us Onward.**

The more a man develops intellectually, the stronger is his attraction to the opposite pole; that is to say, to the woman who is the instinctive being who acts solely from the impulse of an obscure conscience. The brain, parched by reasoning, thirsts for simplicity, like the desert for spring water. When reflection has brought us to the last limit of doubt the spontaneous affirmation of the good and of the beautiful which is found in the female conscience delights us and settles the question for us. This is why religion is preserved to the world by women alone. A beautiful and virtuous woman is the mirage which peoples with lakes and green avenues our great moral desert. Woman restores us to communication with the eternal spring in which God reflects Himself.—Renan.

---

The poetic conception of woman reaches its highest expression in the *Divina Commedia* of Dante. No other poet in any tongue has so extolled

and glorified a woman as Dante did Beatrice.

The English poets, from Chaucer to Tennyson, have all given us noble portraits of women as "a being, tender, elevated, faithful, helpful, 'sweet and serviceable,' as Tennyson says of Elaine, quick to respond to affection, sensitive to beauty in nature and the arts, sympathizing, companion alike of the heart, and of man's struggle with life—in a word a creature of whom it is true to say, as Byron said, that 'Love is her whole existence, 'meaning by love not what is too often presented in modern novels, but love through all the harmonious scale of loving, maternal, filial, conjugal, romantic, religious and universal.'" Therefore Austin, the English Laureate, urges us to read the poets for a noble conception of women and of life rather than to read the novelists.

---

Prof. E. L. Trouessart, of the Paris Museum of Natural History, in a recent lecture on animal heat remarked that the dog, whose respirations in repose number only twenty-five or thirty a minute, may in running acquire a rate of respiration as high as 350 a minute. The effect of this acceleration favors the dissipation of animal heat by evaporation from the pulmonary vesicles. The dog perspires very little, or not at all, by the skin, pulmonary taking the place of cutaneous transpiration. It is this fact which enables the dog to pursue its game so long and persistently. Animals of the cat family, on the other hand, do not possess this peculiarity and for that reason tigers, panthers and lions lie in wait for their prey, but do not pursue it over long distances. The bird possesses pulmonary transpiration in a very high degree.

---

I am not wiser for my age.

Nor skillful for my grief;

Life loiters at the book's first page,

Ah, could we turn the leaf.

—Emerson.

# Miama Medical College

217 West Twelfth Steet

Medical Department University of Cincinnati

**T**HE 49th annual session will open October 1st, 1908. The Miama Medical College has become a department of the University of Cincinnati and students graduating in June, 1909, will receive their diploma from the University. The Cincinnati Hospital is situated almost opposite the college. The laboratories are fully equipped. A special building is devoted to dispensary purposes.

For information or catalogue apply to

**J. C. OLIVER, M. D., Dean,**  
608 ELM ST.

OR  
**CINCINNATI, OHIO**

**W. E. LEWIS, M. D., Sec'y,**  
409 E. 5TH ST.

Telephones { Office, Main 4414, New 3707.  
Residence, Main 859, New 3852.

## Dr. Paul F. Martin

ABDOMINAL AND GENERAL SURGERY

Willoughby Building, Indianapolis

OFFICE HOURS:  
11 to 12:30.  
2:30 to 4:00.

OTHER HOURS BY APPOINTMENT

## Dr. G. W. Combs

Diseases of the Rectum

235 North Pennsylvania Street

INDIANAPOLIS

2 to 6 P. M.

Telephone 968

5,000 Artificial Eyes in Stock

**Werbe & Miessen**

Manufacturing Opticians

Successors to  
JOHN WIMMER

16 North Pennsylvania Street

Controlling Kryptok Patents for the State  
of Indiana

Indianapolis,

-:-

Indiana

Lafayette Phone 1141

Bell Phone 185

**Frank S. Crockett, M. D.**

Practice Limited to

*Diseases of Genito-Urinary Organs*

513 Columbia St.

LAFAYETTE, IND.



TELEPHONES { Office, New 1893  
Residence, New 7084

**Dr. William N. Wishard**

**Dr. H. G. Hamer**

**Practice Limited to Genito-Urinary  
Diseases**

529 Newton Claypool Bldg. Indianapolis

Office Hours: 10 to 12 A. M. except Sunday  
and Wednesday

**Dr. John Chase Sexton**

**ABDOMINAL SURGERY AND  
GYNECOLOGY**

Private Hospital, Rushville

Indianapolis, "The Rockingham"

323 N. Delaware St.

Wednesdays and Fridays, 2 to 4 p. m.

Other hours by appointment.

HOURS: 11 a. m. to 3 p. m.  
11 to 1 only, Sunday.

NEW TELEPHONE 713

**J. O. Stillson, M. D.**

**EYE, EAR, NOSE AND THROAT**

445 N. Pennsylvania St.

S. E. Corner Michigan and Pennsylvania Streets.

INDIANAPOLIS

**C. F. NEU, M. D.**

SPECIALTY

**NERVOUS AND MENTAL DISEASES**

Office, 834-835 Pythian Bldg.,

INDIANAPOLIS.

PHONES—  
New, 2510  
Old, Main 834

HOURS—10-11 A. M.  
3-5 P. M.  
7-8 P. M.

CONSULTING HOURS.

9 to 12 A. M.  
2 to 5 P. M., Except Wednesday and Saturday.  
Sunday, 9 to 12 A. M.

**Dr. L. F. Page,**

ROOMS 30 AND 32 WILLOUGHBY BUILDING

INDIANAPOLIS, IND.

**PRACTICE LIMITED TO EAR,  
NOSE AND THROAT**

New 'Phone 4167  
Old 'Phone Main 4167

TELEPHONES { Office, Main 174 New 1728  
Residence, 2801 New

**Dr. William F. Clevenger**

Practice Limited to Diseases of

**THROAT, NOSE and EAR**

744-747 Newton Claypool Bldg.

INDIANAPOLIS, INDIANA

OFFICE HOURS:

9 A. M. to 1 P. M. 2 P. M. to 5 P. M. Sunday, 10 to 12 A. M.  
Evenings by appointment.

**Dr. L. C. CLINE**

PRACTICE LIMITED TO

**THROAT, NOSE AND EAR**

WILLOUGHBY BUILDING

224 N. Meridian St.

INDIANAPOLIS, IND.

HOURS { 9 to 12 a. m. 2 to 5 p. m.  
Evenings, Monday and Friday, 7 to 8.  
Sundays, 2 to 3 p. m.

New Telephone { Office, 174  
Residence, 6990

OFFICE HOURS:

10 to 11 A. M., 3 to 5 P. M. SUNDAYS 10 to 11 A. M.

**DR. E. C. REYER**

CONSULTANT IN

**Diseases of the Mind and Nervous System**

OFFICE

311-315 NEWTON CLAYPOOL BUILDING

New Phone, Office 1621  
Residence 6631

INDIANAPOLIS

Telephones, Office and Residence, New 1167. Main 5888

**FREDERICK R. CHARLTON, M. D.**

PRACTICE LIMITED TO

**DISEASES of GENITO-URINARY  
ORGANS AND DERMATOLOGY**

THE WILLOUGHBY, 224 N. Meridian St.  
INDIANAPOLIS

HOURS: 9 to 2, except Sunday by appointment.

TELEPHONES { Office, 1545 New  
Residence, 9188 New; Prospect 331 Old

**Dr. E. C. Thomas**

**HEART DISEASES**

209-210 Newton Claypool Building  
INDIANAPOLIS

Office Hours 11-12 and 2-4

OFFICE HOURS—11 a. m. to 1 p. m.

**DR. GEORGE J. COOK**

PRACTICE LIMITED TO

*Diseases of the Rectum and Gastro-  
Intestinal Surgery*

*Willoughby Building, 224 N. Meridian St.  
INDIANAPOLIS*

**DR. ALOIS B. GRAHAM**

*Gastro-Intestinal and Rectal Diseases*

WILLOUGHBY BUILDING  
224 N. MERIDIAN STREET INDIANAPOLIS

OFFICE HOURS—10 a. m. to 1 p. m.

TELEPHONES | New, 2185.  
Main 3506.

**Dr. Joseph Rilus Eastman**

**GENERAL AND  
GENITO-URINARY SURGERY**

*The Joseph Eastman Hospital  
331 N. Delaware St.  
INDIANAPOLIS, INDIANA*

Bell and Independent Long Distance Phones 132

**DR. A. W. BRAYTON**

**CONSULTANT IN DERMATOLOGY**

NEWTON CLAYPOOL BLDG.

INDIANAPOLIS

HOURS: 10 to 12 a. m. 2 to 5 p. m.

Hours.  
2-4 p. m.

Phones: New 2728  
Old, Main M 1993

**Dr. Louis Burckhardt**

*Consultant in Medicine and Obstetrics*

The "Willoughby"  
INDIANAPOLIS, IND.

2-4 and by appointment

**Dr. Jewett V. Reed**

**GENERAL SURGERY**

*Willoughby Building  
INDIANAPOLIS*

PHONES { Old, Main 139.  
New - 339.

## W. P. Garshwiler, M. D.

Practice Limited to

*Diseases and Surgery of the Genito-  
Urinary Tract*

620-921 NEWTON CLAYPOOL BLDG.

HOURS: { 10 A. M. to 1 P. M.  
7 P. M. to 8 P. M.  
Sundays 10 A. M. to 12 M.

## DR. FRANK A. MORRISON

Diseases of the Eye

WILLOUGHBY BUILDING

224 N. Meridian Street INDIANAPOLIS

OFFICE HOURS

12 to 5 p. m. Sunday, 10 to 12 a. m.

Phones { Office, 4110  
Res., New 9540-2 Rings

## Dr. W. F. Hughes

*DISEASES OF THE EYE*

327 Newton Claypool Bldg.

Hours: 2-4 P. M.  
Sundays by Appointment INDIANAPOLIS, IND.

HOURS 9 to 1

New Phone 595  
Old Phone, Main 2941

## DR. JOHN R. NEWCOMB

*Diseases and Surgery of the Eye*

217 Newton Claypool Building

## Dr. J. L. Thompson

PRACTICE LIMITED TO

*DISEASES OF THE EYE*

232 N. ILLINOIS ST.

INDIANAPOLIS, - IND.

-PHONES-

Office, New 480  
Old, Main 4108

Residence, 2 on 480  
Old, North 676

## DR. DAVID ROSS

SURGEON

"The Willoughby," 224 N. Meridian Street

INDIANAPOLIS, IND.

OFFICE HOURS: { 9:30 to 10:30 a. m.  
2 to 4 p. m.  
7 to 8 p. m. Wednesday and Saturday  
Sunday, 2 to 3 p. m.

## DR. J. H. SUTCLIFFE

**SURGEON**

OFFICE:

155 EAST MARKET STREET

TELEPHONE 941

HOURS: 9 to 10 a. m. 2 to 3 p. m.

INDIANAPOLIS

TELEPHONES—Old and New, Office and Residence, 274

## Dr. J. H. OLIVER

PRACTICE LIMITED TO SURGERY

OFFICE:

422 N. Delaware St.

Office Hours, 11 to 1 INDIANAPOLIS

---

## DR. H. O. PANTZER

**SURGERY AND  
DISEASES OF WOMEN**

*"THE WILLOUGHBY," 224 North Meridian St.  
INDIANAPOLIS, IND.*

HOURS: 2 to 4 p. m., except Wednesday; Sunday 9 to 10  
a. m. Other hours by special appointment.

TELEPHONE, New and Old 220.

---

## DR. GOETHE LINK

**GENERAL AND ABDOMINAL  
SURGERY**

Office, 736 K. of P. Building

INDIANAPOLIS, INDIANA

Phones: New 2581; Old, Main 2800

---

## Dr. Bernays Kennedy

**GYNECOLOGY**

WILLOUGHBY BUILDING  
224 NORTH MERIDIAN ST. INDIANAPOLIS

OFFICE HOURS

11 to 12:30 A. M. 2 to 4 P. M.

TELEPHONES { New, 2185  
Main 3506

---

## Dr. Thomas B. Eastman

Abdominal Surgery  
and Diseases of Women

THE JOSEPH EASTMAN HOSPITAL  
331 North Delaware Street  
INDIANAPOLIS

Bel and Independent Long Distance Phones 32

---

## Dr. O. G. Pfaff

PRACTICE LIMITED TO  
**ABDOMINAL SURGERY AND DISEASES  
OF WOMEN**

Newton Claypool Building

INDIANAPOLIS, IND.

HOURS: 2 to 4 p. m. Wednesdays and Sundays  
by appointment.

PHONES—Residence, 936. Office, 292.

---

## Dr. R. O. McALEXANDER

**SURGERY AND DISEASES OF  
WOMEN**

Southeast Corner New Jersey  
and Sixteenth Streets

INDIANAPOLIS, - INDIANA

Telephones 226.

Office Hours { 2 to 4 P. M.  
7 to 8 P. M.

---

Telephones { Office, Old, 3188 Main.  
New, 4116  
Residence, New 186.

## Dr. Edmund D. Clark

PRACTICE LIMITED TO

*Abdominal and General Surgery*

407-409 Newton Claypool Building  
Indianapolis

OFFICE HOURS: 11-12 a. m., 3-4, 7-8 p. m.

---

## SAL HEPATICA

For preparing an  
EFFERVESCING ARTIFICIAL

**MINERAL WATER**

Superior to the Natural,

Containing the Tonic, Alterative and  
Laxative Salts of the most celebrated  
Bitter Waters of Europe, fortified by  
the addition of Lithia and Sodium  
Phosphate.

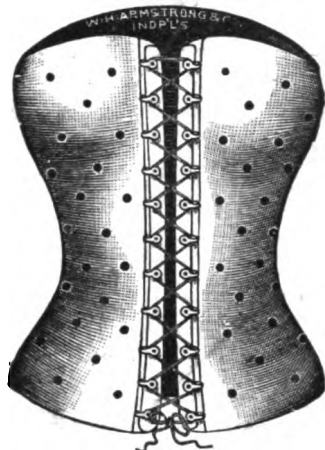
**BRISTOL - MYERS CO.**

277-279 Greene Avenue,

**BROOKLYN - NEW YORK.**



Write for free  
sample.



**Fine Perforated Leather Jacket Spine Brace**

**H**AVING always given our Orthopedic Department our best attention, we believe that our work in that line is of a superior quality, and our style of construction the most adaptable and durable.

The head of the department is a competent anatomist, with over twenty years' experience both in the treatment of deformities and the manufacture of suitable apparatus to assist the treatment, and the mechanics working under his direction are the most experienced and skillful we can procure.

We do not solicit orders from a distance in this line, except through the surgeon in charge of the case, as we believe best results can only be expected when apparatus is ordered by a person with a proper knowledge of the case, and applied with correct instruction.

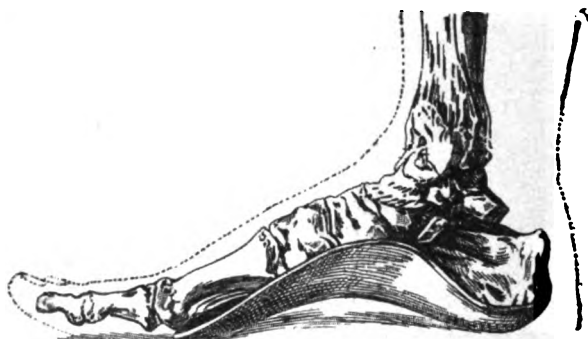
While we prefer, in each case, to work under the direction of the attending physician, executing his wishes with all possible accuracy, yet should advice or consultation be needed, we will always stand ready in any way within our power to assist, that the physician and patient may be alike benefited.

To patrons residing at a distance, whose patients can not conveniently visit us, we will guarantee to make any appliance so that it will adjust properly and to their satisfaction, if they will send us the measurement and other particulars, as herein directed.

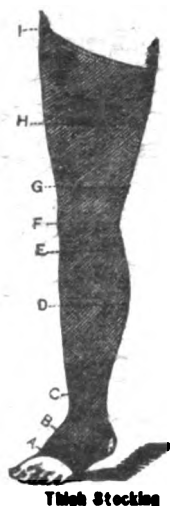
We guarantee all appliances sent out by us to correspond with direction and measurement furnished us, and any omission or errors on our part will be cheerfully corrected without extra cost.

# Deformity Apparatus

Braces for Head, Neck, Spine, Hip Joint, Knee Joint, Ankle Joint, Leg and Foot Braces, Apparatus for the Correction of Club-Foot, etc., in all of which the most approved methods of construction will be found.



**Improved Instep Support**



**High Stocking**

## Elastic Surgical Hosiery.

Elastic Stockings, Knee-Caps, Abdominal Belts, etc., for the Cure, Relief or Treatment of Varicose Veins, Weak, Swollen or Ulcerated Limbs, Corpulency, Abdominal Weakness and Tumors.

All goods manufactured to order, and from none but the highest grade of materials.

We can guarantee a perfect fit and goods that are actually fresh, as these goods are made expressly for each customer upon receipt of order.

We can make the article and fill any order within two or three days from its receipt.

The quality of our elastic goods and our service in filling orders is unsurpassed.

# Wm. H. Armstrong Co.

Manufacturers and Importers of Surgical Instruments.

224-226 S. Meridian St.

INDIANAPOLIS, IND.

# The Indiana University School of Medicine

## **FIRST TWO YEARS**

Given both at Bloomington and at Indianapolis.

## **LAST TWO YEARS**

Given only at Indianapolis.

## **MATRICULATION**

Sept. 22, 1908, on certificate from the State Board.

## **CERTIFICATE OF STATE BOARD ISSUED TO**

- (a) Graduates of commissioned High Schools.
- (b) Students having an education the equivalent of (a).
- (c) Students passing the examination of the State Board.

## **SECRETARY OF STATE BOARD**

Address, Room 120, State House, Indianapolis, Ind.

## **MINIMUM ENTRANCE REQUIREMENTS**

Fall of 1908, graduation from commissioned High School.  
Fall of 1910, graduation from commissioned High School  
plus one year of collegiate work in science.

## **FACULTY**

Composed of the combined faculties of the former medical colleges of Indiana. The large teaching force makes instruction in small sections possible.

## **INSTRUCTION, FIRST TWO YEARS**

Laboratory work, supplemented by recitations and occasional lectures.  
Final examinations the same at Indianapolis and Bloomington.

## **INSTRUCTION LAST TWO YEARS**

A minimum amount of didactic work.  
A maximum amount of clinical work, class in small sections. The section method, long used successfully in clinical medicine, has been introduced into clinical surgery. This makes it possible for students to see operations at close range.

## **CLINICAL FACILITIES**

In hospitals, 260 beds owned or controlled by school.  
In dispensaries, 50,000 cases per year.  
Obstetrics, the service is so large that most students attend five or ten times the number of cases required by State Boards.

## **INTERNSHIPS**

Thirty-six hospital appointments are open to graduates.

## **MEDICAL BULLETIN**

The Medical Bulletin is now in the hands of the printer and it is hoped to mail it within the month.

## **CHOICE OF A MEDICAL SCHOOL**

Probably a more detailed and extensive investigation of methods of medical instruction has never been undertaken than that made recently by men now members of the faculty of Indiana University School of Medicine. In plan or organization and in everything essential to high grade medical instruction the Indiana University School of Medicine merits the confidence of the 150 young men of Indiana who will begin the study of medicine this fall.

## **COMBINED ARTS-MEDICAL COURSE**

In addition to the regular Medical courses referred to above, the first two years of which may be taken either at Indianapolis or at Bloomington, a combined Arts-Medical course is given at the University at Bloomington, making it possible to secure both the A.B. and M.D. degrees in six years.

## **FURTHER INFORMATION**

For further information, address:

**Sec'y of the Indiana University School of Medicine**

**EITHER AT BLOOMINGTON OR INDIANAPOLIS.**

# The Physician of Many Years' Experience

■ [Knows that, TO OBTAIN IMMEDIATE RESULTS  
there is no remedy like]

## Syr. Hypophos. Co., Fellows

Many MEDICAL JOURNALS specifically mention this  
Preparation as being of Sterling worth

### TRY IT AND PROVE THESE FACTS

*SPECIAL NOTE.—Fellows' Syrup is never sold in bulk.  
It can be obtained of Chemists and Pharmacists everywhere.*

### NOTICE—CAUTION

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, *in the property of retaining the strychnine in solution*, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

# NEURONHURST

---

*DR. W. B. FLETCHER'S SANATORIUM  
for NERVOUS and MENTAL DISEASES*



A strictly psychopathic hospital for the treatment of all forms of Neuropsychosis by proper medication, careful nursing, and general hygienic treatment in conjunction with Turkish, Russian, Radiant Heat, Saline, Sulphur, Murcurial, and Electric Baths; Galvanic, Faradic and Static Electricity; Electroconvulsive Manual and Mechanical Massage.

Chronic Skin Diseases of neurotic origin treated by Roentgen, Finsen and Actinic Light Rays.

Complete equipment for Skiagraphic Work and High Frequency Methods.

Gymnasium thoroughly equipped. Swedish Movements and such exercises as may be specially prescribed for individual cases, are given under the direct supervision of physicians.

A new building, newly furnished throughout; accommodations for fifty patients.

---

For Terms and Further Particulars, address

DR. M. [REDACTED] Superintendent, 1140 E. Market Street  
[REDACTED] ANAPOLIS, INDIANA



# BUCKLEY'S UTERINE TONIC

**FORMULA:** Aletrin, gr. 1/12; Bryonin, gr. 1/500; Caulophyllin Macrotin, and Helonin, each, gr. 1/6; Hyoscyamine amorphous gr. 1/500

From the pelvic organs of the female originate a thousand and one aches and pains. To be able to successfully, but conservatively, treat these conditions, is of vital importance to every general practitioner. The majority of cases of this class will not submit to frequent visits to the office — many can't afford it — but they will use home treatment directed through occasional office consultations. What is an absolute necessity in this class of patients, is remedies that can be dispensed without too close a diagnosis with a certainty that they will meet the main demands. It is here, as well as in office work, where the **Buckley's Uterine Tonic, Uterine Sedative** (see No. 524), the **Depleting Suppositories** and **W-A Vaginal Antiseptic** shine. You can put it down as a maxim that if the above-named remedies are rightly used the results will be all that you or your patients could wish.

## Special One Dollar Offer. Money Back if Not Satisfied

To demonstrate our claims we will send, once only, 100 Buckley's Uterine Tonic, 100 Uterine Sedative and Nervine, 1 package Vaginal Antiseptic Tablets, 1 dozen Vaginal Suppositories (glycero-magnesium)—all for \$1.00, cash with order. Regular price \$1.40. Good only at the home office or branches. Not good outside the United States, or through the trade. Regular price list and literature on request.

## THE ABBOTT ALKALOIDAL COMPANY

RAVENSWOOD STATION, CHICAGO

251 5th Ave., New York

321 Pacific Block, Seattle, Wash.

1361 Franklin St Oakland Cal.

**"NORWAYS"** Dr. Sterne's Sanatorium for Nervous Diseases. No. 1820 East Tenth Street (Facing Woodruff Place) INDIANAPOLIS, INDIANA



**"NORWAYS"** is strictly a Sanatorium for the care and treatment of the sick. It is not a place for persons in search of amusement. This is composed of separate buildings, and is thoroughly equipped in every particular. The grounds are extensive and beautiful. The cuisine is excellent. Every method of treatment of known value is employed by skilled attendants and trained nurses. Patients suffering from all forms of nervous diseases, both medical and surgical, rheumatism, kidney trouble, the various drug habits are acceptable. Paralytic children and those in need of the "rest cure" are especially treated. No mental cases are taken.

**Terms.** All charges are payable weekly, one week in advance, without exception. They range from \$35 to \$70 per week depending upon necessities of treatment and location of room. Regular sanatorium rates include board, room, nursing, treatment and physician's fees. There is no extra charges, unless a special nurse (\$20 to \$25 per week) is demanded. Average rate, \$50 per week.

The first complete examination is \$10 to \$20, whether patient remains in the institution or not. Fees for operations depend upon special conditions and are not included above.

**Outdoor patients** will be charged according to the treatment employed.

**Garments.** Patients should wear comfortable clothing. No finery is advocated. Every person should have a bath or lounging robe.

Every patient must adhere to the printed rules and regulations of the sanatorium. These are posted in proper places about the building. No exception will be taken in any case.

**N. B.** No person should be brought to this institution who is too weak to be safely removed from home. For further information apply to the Director.

Consulting hours by appointment 10 to 12 a. m., 2 to 4 p. m.

Visiting hours to patients 3 to 5 p. m.

ALBERT E. STERNE, M. D.

Phones { Old, Main 290  
          { New 290